



Charles R. Drew University of Medicine and Science

CERTIFICATE OF INSURANCE REQUEST FORM

If an entity or funding source is requesting a certificate or other proof of insurance, please provide the following information:

Send all certificate requests to:

Armando A. Estrada, Risk Manager
Charles R. Drew University
1731 E. 120th Street, Suite 298
Los Angeles, CA 90059
(323) 357-3404 Office
armandoestrada@cdrewu.edu

Date of Request:
Name of CDU Requester:
Name of Requesting CDU Program:
CDU Contact Information:
Name of Entity Requesting Proof:

Complete Address of Requesting Entity:
Street Address:
City: State: Zip Code:
Phone: Fax:
Email:

Type of Policy Requested

General Liability, Directors & Officers, Worker's Compensation, Automobile, Other (Please Describe)

Date Certificate is Needed:

Request Description

Requesting Additional Insured: Yes No
If Yes, please give details and which policies:

Any additional comments or instructions: