



Drake University
Certificate of Insurance Instructions/Form

Fill out the request form and email or fax form to **your insurance carrier.**

Drake University requires a Certificate of Insurance from insured _____ with the following limits: *INSURED NAME*

Minimum coverage limits as pertains to the service are:

- General Liability: \$1 million per occurrence and \$2 million aggregate,
- Workers Compensation: \$100,000 per accident per employees/\$500,000 policy limit (if applicable)
- Auto: \$1 million combined single limit (if applicable)

Description Box Specific Additional Insured Language: "Drake University is named as additional insured on the general liability coverage."

CERTIFICATE HOLDER BOX on Certificate should read:

Drake University
2507 University Ave
Des Moines, IA 50311

Fax, email or mail certificate to

[Donna Blunck donna.blunck@drake.edu](mailto:donna.blunck@drake.edu)

Drake University
Old Main, Room 316A
2507 University
Des Moines, IA 50311

FAX: (515) 271-4169