



**NORTH
CAROLINA
CENTRAL
UNIVERSITY**
FOUNDED 1910

Business and Auxiliary Services
Risk Management Office
W.G. Pearson Dining Hall, Lower Level
Email: busандаux@nccu.edu
Telephone: 919-530-7418
www.nccu.edu

Rental Vehicle Certificate of Insurance Request

Department _____ Contact Person _____

Phone # _____ Fax # _____ Email _____

Vehicle Information

Make/ Model _____
Year _____
Serial/ VIN # _____
Replacement Value _____
Plate Number _____

Rental Dates _____ Through _____
If rental is 6 months or more, you will be billed for the entire policy year.

Rental Company Contact Information:

Contact Name _____
Rental Company _____
Address _____
Phone # _____
Fax # _____

Agent requires 24 hours' notice to obtain insurance certificates.

If the Rental Company does not know the exact vehicle that will be leased or rented, please obtain detailed information on any comparable vehicle and the certificate will read coverage for "any substitute vehicle".

There will be an insurance premium charge to your department for the rental, if the rental is over 30 days, or if the vehicle replacement value is over \$40,000 for private passenger, and over \$60,000 for a truck or if the gross vehicle weight is over 10,000 pounds. Any premium charge will be billed at renewal in July.

Please send the information to: NCCU Risk Management Office, fax 919-530-7635 or to busандаux@nccu.edu.