

**STUDENT:**  
**PLEASE FILL OUT THE FOLLOWING REQUEST  
AND SUBMIT IT DIRECTLY TO YOUR  
INSURANCE CARRIER**

**NOTE:**  
**APPLICATION FOR POLICY HAS BEEN  
SUBMITTED SEPARATELY**

**REQUEST FOR CERTIFICATE HOLDER/ENDORSEMENT**

I, \_\_\_\_\_ R.N. SSN# \_\_\_\_\_  
(PRINT NAME)

currently hold a professional liability policy from \_\_\_\_\_

policy # \_\_\_\_\_

I hereby request that the following facility be named as a Certificate Holder  
and that a certificate holder form be faxed immediately to Northeastern State  
University @ (918) 781-5411.

Nursing Program  
Northeastern State University  
P. O. Box 549  
Muskogee, OK 74402-0549

Signature: \_\_\_\_\_ Date: \_\_\_\_\_