

Certificate of Insurance Request Form
(Print Form, Complete, and Submit to Risk Management, Job Hall 325)

Date Requested: _____

Requester/Dept: _____ **Phone:** _____

Certificate Holder:

Name: _____

Address: _____

Attn: _____

Please indicate:

Cert. Holder FAX#: _____ Cert. Holder Phone #: _____

Description of Activities:

Affiliation Agreement Dates: _____ (Office Use)

Additional Insured Notation? YES NO

Please Indicate:

_____ Mail to Certificate Holder

_____ FAX to Certificate Holder

_____ Mail to Other (provide complete mailing address): _____

_____ FAX to Other: Name _____ FAX# _____

Revised 6/03