

Request for Certificate of Insurance

Please complete this form or provide the needed information for issuance of a certificate of insurance. We need a signature of an official of the organization requesting a certificate for issuance.

Address of Requesting Organization:

Name: _____

Address: _____

City, State: _____

Attention: _____

Phone: _____ Fax: _____

Responsible University Official (employee of University):

Name: _____ Department: _____

Phone: _____ Fax: _____

Event:

One Time _____ or Periodic _____

First Day _____ Last Day _____

Agreement:

None _____ Written _____
(Enclose copy approved by contracting)

Brief description: (include, for example, event description, name of University department, location of event)

Signature: _____ Title: _____

(Must be Official of the organization asking for the certificate)

If you have any questions, please feel free to contact Joy Baine at (520) 621-3482. Please fax to (520) 621-3706 or mail PO Box 210300, Tucson, AZ 85721-0300