

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, Zip: _____
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)

Please send request to contact Meghann Caskey at (520) 621-1790
Please fax to (520) 621-3706 or email micaskey@email.arizona.edu