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