

## REQUEST FOR CERTIFICATE OF INSURANCE

Certificate requests should be submitted to the office of Insurance and Risk Management one week prior to the date required. To ensure your certificate is issued without delay, complete this form and either fax to (804) 828-8510 or mail to PO Box 843040.

1. VCU Department/ Organization submitting this request: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. For what event or activity is the certificate being requested?

3. Where is the event or activity to be held? (Include venue name, if appropriate and address)

4. Certificate Holder to be named: \_\_\_\_\_

5. Date(s) the event or activity is scheduled to be held:

From \_\_\_\_\_ to \_\_\_\_\_

6. To whom should the certificate be sent? If VCU Department/ Organization, check here

Or provide:

Contact Name: \_\_\_\_\_

& Address: \_\_\_\_\_

\_\_\_\_\_

Or email: \_\_\_\_\_

Or fax: \_\_\_\_\_