

**Request for Certificate of Insurance
Evidencing University of Arizona Coverage**

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: _____

Responsible University Official (employee of Univeristy):

Name: _____ Title _____

Event:

One Time _____ or Periodic _____
First Day _____ Last Day _____

Agreement:

None _____ Written _____
(Please enclose copy)

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

Signature: _____ **Title:** _____

(Must be an official of the organization asking for the certificate.)

If you have any questions, please feel free to contact Alan Lee at (520) 621-3391, fax (520) 621-3706, University of Arizona, Risk Management, 1610 N. Vine, Tucson, Arizona 85721