

REQUEST FOR CERTIFICATE OF INSURANCE

This request should be in the Property & Liability Risk Management Office one (1) week prior to the date we are to provide the certificate. Please email to orm-frm@virginia.edu, fax to 434-982-2635 or send to P.O. Box 400205. **Requests must be submitted by University employees only.**

Accompanying this request should be a copy of any contract or agreement between the outside organization and the University of Virginia. All contracts or agreements must go through the proper University contract review process before submitting a request for a certificate of insurance. If you are unsure of the process, please contact our main office at 434-924-3055.

Please provide the following information:

Person submitting request:	Phone:
-----------------------------------	---------------

Reason certificate of insurance is being requested:

--

Activity or items to be covered by insurance:

--

Name and address of organization asking for the certificate (NOT A UNIV DEPT):

--

Period of time activity is to take place:

--

Indicate to whom certificate should be emailed, mailed, or faxed:

--