

REQUEST FOR CERTIFICATE OF INSURANCE

Please note: If a certificate is required based on a written contract or agreement then a copy of the contract or agreement must be attached to your email or sent via facsimile with this form.

Please provide the following information:

1. Department Contact: _____

2. Telephone #: _____

3. Your School and University Address: _____

4. Reason for Certificate (include copy of contract or agreement, if applicable): _____

5. Date(s): _____

Time: _____

Location: _____

6. Attach a copy of contract/agreement with insurance requirements.

7. Certificate issued to:

Company Name: _____

Address: _____

Attn: _____

Fax #: _____

RETURN COMPLETED FORM TO:

Risk Strategies Company

lemack@risk-strategies.com with a copy to stherrien@risk-strategies.com

Tel: (617) 330-5733 – Fax: (617) 330-4730