

Request for Certificate of Insurance

If you have question about request or form please contact
Office of Risk Management 540-231-7439

Today's Date

mm/dd/yyyy

General Information

4H Activity

VT Activity

Your Department

Your First Name

Your Last Name

Phone Number

Email Address

Fax Number

Organization Requesting Certificate of Insurance from You

Name

Contact Name

Phone Number

Address

Fax Number

City

State

Zip

Email Address

Activity, event or Internship Information

Begin Date

End Date

Bus Use

Internship/Externship

For Bus Use or Internship/Externship please include agreements.

Activity Name

Description of event

Name of person in Inter/Externship

VT ID Number

Class Number

VT Department Affiliation

Special Instructions

Location of Activity/Event or Internship

Address

City

State

Zip Code

Send COI to You Organization Both

Send COI via Fax Mail Email

Important Note: If there is a written agreement related to coverage needed please include it with request.

Submit by Email