



Office of Risk Management
 P: (540) 231-7439
 F: (540) 231-5064

Request for Certificate of Insurance

Certificates should be requested no later than TWO weeks prior to the date of the event

Today's Date

mm/dd/yyyy

General Information

4H Activity VT Activity VT-VCE Activity

Your Department

Your First Name

Your Last Name

Phone Number

Email Address

Fax Number

Organization Requesting Certificate of Insurance from You - **Verify EXACT Certificate Holder Information**

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 # last 4

Class Number

INTERSHIP OR EXTERNSHIP AGREEMENTS MUST BE SUBMITTED WITH CERTIFICATE REQUEST

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.

Contact the Office of Risk Management with questions at 540-231-7439