



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

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