

# 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

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.*

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

Submit by Email