

Request for Certificate of Insurance Evidencing University of Arizona Coverage

Please complete this form or provide the needed information for issuance of a certificate of insurance. We need a signature of an official of the organization requesting a certificate for issuance.

(Please fill in any missing information on this section and sign below.)

Address

Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Attention: _____

Phone #: _____ Fax #: _____

Responsible University Official:

Name: Kimberly Gressley Title: Pinal County 4-H YD Agent

Event: Any Approved Event/Activity

One Time: X or Periodic: _____

First Day: October 01, 20 Last Day: September 30, 20

Agreement:

None: X Written: _____

(Please enclose a copy)

Brief description: (include event description, name of University department, location of event)

Any 4-H event/activity that has been approved through Pinal County 4-H Youth Development Faculty.

Signature: _____ **Title:** _____

(Must be an official of the organization asking for the certificate)

If you have any questions, please feel free to contact the Risk Management Office at (520) 621-3482.
Please return this form to Pinal County 4-H Office, 820 E. Cottonwood Ln., #C, Casa Grande, AZ 85222

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, James A. Christenson, Director, Cooperative Extension, College of Agriculture and Life Sciences, The University of Arizona.

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