



REQUEST FOR CERTIFICATE OF INSURANCE (COI)

This form must be completed by entities requesting proof of insurance from the University of Arizona. COIs for state agencies are issued by the Arizona Department of Administration – Risk Management Division, and must comply with applicable state requirements. Requests that are incomplete or unsigned will be returned.

We need a signature of an official of the organization requesting a certificate for issuance.

PRINT OR TYPE

Requesting Organization Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Event Name: Any event/activity approved by the University of Arizona, Cooperative Extension, Pinal

Event Description: Any event/activity approved by the University of Arizona, Cooperative Extension, Pinal

Facility/Event Location: _____

First Date of Event: _____ Last Date of Event: _____

One Time Event? Yes _____ or No _____ Continuing or Periodic Events? Yes _____ or No _____

Is this Request associated with a Facility Use Agreement, Lease, Contract, License, or other Agreement?
Yes _____ (attach a fully executed copy of the agreement) No X

Leader Name: _____ Club Name: _____

UA Sponsoring Unit: University of Arizona, Cooperative Extension, Pinal County

Contact Name: Cathy L. Martinez Phone: (520) 836-5221 Email: mmelende@cals.arizona.edu

Requesting Organization Official:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Must be an official of the organization requesting the COI – NOT the UA Contact Person

SUBMIT COMPLETED REQUEST FORM TO UA RISK MANAGEMENT SERVICES
A MINIMUM OF 10 DAYS IN ADVANCE OF EVENT DATE TO ENSURE TIMELY COI DELIVERY

RMS Date Received: _____