



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.

PRINT OR TYPE

Requesting Organization Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Event Name and Description: _____

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 ___

UA Sponsoring Unit: _____

Contact Name _____ Phone _____ Email _____

Requesting Organization Official:

Printed Name _____ Title _____

Signature: _____

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**

Mail: UA Risk Management Services
PO Box 210300
Tucson, AZ 85721-0300

FAX: (520) 621-3706

EMAIL: risk@email.arizona.edu

QUESTIONS: (520) 621-1790

RMS Date Received: _____