UMBC

AN HONORS UNIVERSITY IN MARYLAND

Request for Certificate of Insurance

Requester

Name:_____

Phone Number:_____   Department: _____

Reason for Certificate: _____

_____

_____

Certificate of Insurance Information

Company:_____

Address: _____   City: _____

State:_____   Zip Code: _____   Phone Number:_____

Fax Number:_____   Contact Person:_____

Insured Date Range:_____

Value of Item (if applicable): _____