

## 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):			

The University of Maryland, Baltimore County | Environmental Safety & Health | 1000 Hilltop Circle Baltimore, MD 21250 Telephone: 410-455-2918 | Fax: 410-455-1166