



# UMBC

## Request for Certificate of Insurance

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### 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): \_\_\_\_\_