

**WINTHROP UNIVERSITY
CERTIFICATE OF INSURANCE REQUEST FORM**

To request a Certificate of Insurance or proof of “self-insurance” coverage, send a written request along with this completed form to the Risk Management Department and include a copy of the original document (contract, letter) requesting the information. The written request should provide as a minimum the following information:

1. Requesting Department: _____

2. Basic information as to the activity, services, or event to be covered:

3. Complete name, mailing address and the contact person to whom the certificate should be issued:

COMPANY NAME

CONTACT PERSON

P.O. BOX

STREET ADDRESS

CITY – STATE – ZIP CODE

TELEPHONE / FAX NUMBER