

UNIVERSITY OF MIAMI
DEPARTMENT OF RISK MANAGEMENT
1320 SOUTH DIXIE HIGHWAY, SUITE 1200
CORAL GABLES, FLORIDA 33146
LOCATOR CODE: 2945
PHONE NUMBER: 284-3163
FAX NUMBER: 284-3405

Certificate of Insurance Request Form

*Please contact requesting organization should you require help.

DATE: _____

PRINT NAME OF CERTIFICATE HOLDER (*organization receiving the certificate): _____

ADDRESS OF CERTIFICATE HOLDER (Required): _____

LIST THE ATTENTION TO: _____

LIST THE INSURANCE TYPES AND LIMITS REQUIRED: _____

IS ADDITIONAL INSURED REQUIRED? _____

WOULD LIKE TO RECEIVE A COPY? _____

PLEASE LIST YOUR NAME AND DEPARTMENTAL ADDRESS:

PLEASE ATTACH ANY SUPPORTING DOCUMENTATION SUCH AS ANY SIGNED AGREEMENTS,
CONTRACTS, OR LETTER FROM THE REQUESTING ORGANIZATION. SEND THIS FORM TO
RISKMANAGEMENT@MIAMI.EDU.