



**WAKE FOREST**  
UNIVERSITY

**Request for Certificate of Insurance**

**Department Requesting Certificate:**

Dept. Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Organization to Receive Certificate:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Event:**

Name of Event: \_\_\_\_\_

One Time Event: Yes                      No

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Description of Event:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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