



**Insurance & Risk Management**

301 Samford Hall  
(205) 726-2395  
Fax ( 205) 726-2754

**Request for Certificate of Insurance**

Name of Person and Samford University Department Requesting Certificate of Insurance:

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Requesting a Certificate of Insurance for Which Type of Insurance Coverage:  
(Check all that apply)

Automobile Liability: \_\_\_\_\_  
General Liability: \_\_\_\_\_  
Professional and Educators Legal Liability: \_\_\_\_\_  
Property Insurance: \_\_\_\_\_  
Student Professional Liability: \_\_\_\_\_  
Other: \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Entity Requesting a Copy of Samford University's Certificate of Insurance:  
(A complete mailing address must be furnished)

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

Company: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Forward Certificate of Insurance to Samford University Dept. Requesting Certificate \_\_\_\_

Forward Certificate of Insurance to Entity Requesting Certificate \_\_\_\_\_

Activity to take place, or relationship to company that is requesting Certificate of

Insurance: \_\_\_\_\_  
\_\_\_\_\_