



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:

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: _____
