

## OFFICE OF RISK MANAGEMENT

3201 Arch Street Suite 310 Philadelphia, PA 19104 Phone: 215-895-6852 Fax: 215-895-1411

## **Request for Certificate of Insurance Form**

REQUESTOR INFORMATION:		
Date of Request:	Date Certificate Needed:	
Requestor:		
Department:		
Phone:	E-Mail:	
CERTIFICATE TO BE ISSUED TO:		
Certificate Holder:		
Attention:		
City, State, Zip:		
Phone:	<u></u>	
Fax:	<u></u>	
E-Mail:		
DESCRIPTION OF EVENT/ACTIVITY:		_
(Include start/end dates)		

Attach a copy of the agreement or contract and fax or e-mail along with this page to:

Office of Risk Management

Fax: 215-895-1411

(<u>riskmanagement@drexel.edu</u>)