

REQUEST FOR CERTIFICATE OF COVERAGE

Old Dominion University, Office of Risk Management
Spong Hall Room 2501A
Norfolk, VA 23529
Ph. (757) 683 – 4009 Fax (757) 683—3958

Email: ODUCERTS@odu.edu

Instructions – This form is to be filled out in its entirety. Once completed save it to your computer and forward the saved file to the email address shown above. Certificates will be emailed to the recipient and the requestor.

ODU Department requesting the Certificate:

ODU Department Contact:

Department Contact Address:

City: St: Zip:
Phone: Fax: Email:

Describe Activity/Event:

Date of Coverage needed—From: to:

Requesting a Certificate of Coverage for which coverage? (Check all that apply)

Automobile Physical Damage	Property Insurance
Automobile Liability	Student Professional
General Liability	Worker's Compensation
Fine Arts	Other

If "other" please explain:

Provide information on the entity requesting a copy of Old Dominion University certificate:
(a complete mailing address, phone, fax, and email address must be shown)

Contact Name:

Company/Entity:

Address:

City: St: Zip:
Phone: Fax: Email:

**** IMPORTANT ****

As a State Agency, Old Dominion University cannot agree to add outside entities as additional insureds on its General Liability coverage, or agree to provide indemnification.

Please retain a copy of this request and certificate issued in your files.
