



THE UNIVERSITY OF  
**TENNESSEE**  
Office of Risk Management

## Request for Certificate of Insurance

This request should be in the Office of Risk Management one week prior to the date we are to provide the certificate. Please email to [riskmanagement@tennessee.edu](mailto:riskmanagement@tennessee.edu), fax to (865)974-0936 or send to 5723 Middlebrook Pike, Ste. 218. **Requests must be submitted by University employees only.**

Accompanying this request should be a copy of any contract or agreement between the outside organization and the University of Tennessee. All contracts or agreements must go through the proper University contract review process before submitting a request for a certificate of insurance. If you are unsure of the process, please contact the Office of Risk Management.

**Please provide the following information:**

Person submitting request: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Reason for request of certificate of insurance:**

**Activity or items to be covered by insurance:**

**Period of time activity takes place:** \_\_\_\_\_

**Requesting Organization: (Not a University Dept.)**

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

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

\_\_\_\_\_

\_\_\_\_\_

**Whom Certificate should be sent to:**

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

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

\_\_\_\_ Mail: \_\_\_\_\_

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