



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, 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: _____
