



Operational Risk Management
 4400 University Drive, MSN 6D6,
 Fairfax, VA 22030 Phone:
 703-993-2599

INTER-DEPARTMENT PROGRAM CERTIFICATE OF INSURANCE REQUEST

BE ADVISED THAT INSURANCE COVERAGE FROM THE COMMONWEALTH OF VIRGINIA ONLY COVERS MASON DEPARTMENTS.

MASON GROUP/DEPARTMENT CONTACT INFORMATION:

Name:
 Department:
 MSN # Email:
 Phone: Fax:

MASON DEPARTMENT REQUESTING A CERTIFICATE OF INSURANCE:

Name:
 Department:
 MSN # Email:
 Phone: Fax:

DATE ACTIVITY, EVENT, INTERNSHIP, OR LEASE IS OCCURRING:

Start Date: End Date:

PROVIDE DESCRIPTION OF THE ACITIVITY, EVENT, INTERNSHIP, OR LEASE TO INCLUDE CONTRACT/ AGREEMENT TITLE OR NUMBER:

WHERE IS THE CERTIFICATE TO BE SENT?

Send COI to Mason Department via: Fax Mail Email

Send COI to Requester via: Fax Mail Email

As the requester of the proof on insurance I acknowledge that the program is operating under University auspices (funds passing through the Accounting Office) and our department is not sponsoring an outside entity.

Signed: _____
 Department Supervisor's Signature required

Date:

Please email this form to risk@gmu.edu