Request for Certificate of Insurance Evidencing University of Arizona Coverage

Please complete this form for issuance of a certificate of insurance. A signature of an **OFFICIAL/OWNER** of the organization or property making the request for a certificate of insurance is mandatory in order to complete this request.

Organization/Property Information:

Organization/Property Name: _____

Official/Owner Name: _____ _____ _____
LAST FIRST MI

Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Phone: _____ Fax: _____

Email Address: _____

Event Information:

Brief Description of Event: Any 4-H event/activity that has been approved prior to the event/activity happening through the Maricopa County 4-H Youth Development Faculty working with that event/program.
_____

Certificates can be valid for a period of up to 5 years if requested as such.

One Time Event	Periodic Event
First Day: _____/_____ / _____	First Day: _____/_____/_____
Last Day: _____/_____ / _____	Last Day: _____/_____/_____

Specific Agreements: None Written (*copy must be included*)

Requester's: _____ _____ _____
TITLE SIGNATURE DATE

(*MUST be signed by an official/owner of the requesting organization/property*)

UA Official's: _____ _____ _____
TITLE SIGNATURE DATE

Please Return to:

University of Arizona
Maricopa County 4-H
4341 E. Broadway Rd.
Phoenix, AZ 85040

If you have any questions, please feel free to contact Risk Management @ 520-621-1790

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, James A. Christenson, Director, Cooperative Extension, College of Agriculture & Life Sciences, The University of Arizona.
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