

# Request for Certificate of Insurance Evidencing University of Arizona Coverage

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Please complete this form or provide the needed information for issuance of a certificate of insurance. We need a signature of an official of the organization requesting a certificate for issuance.

(Please fill in any missing information on this section.)

**Address**

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

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

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

City, State, Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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**Responsible University Official:**

Name: \_\_\_\_\_ Title: Pinal County 4-H YD Agent

**Event:** \_\_\_\_\_

One Time: \_\_\_\_\_ or Periodic: \_\_\_\_\_

First Day: October 01, 20-- Last Day: September 30, 20--

**Agreement:**

None: \_\_\_\_\_ Written: \_\_\_\_\_

(Please enclose a copy)

**Brief description:** (include event description, name of University department, location of event)  
Any 4-H event/activity that has been approved through Pinal County 4-H Youth Development Faculty.

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

(Must be an official of the organization asking for the certificate)

If you have any questions, please feel free to contact the Risk Management Office at (520) 621-3391.  
Please return this form to Pinal County 4-H Office, 820 E. Cottonwood Ln., #C, Casa Grande, AZ 85222

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 and Life Sciences, The University of Arizona.

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