Request for Certificate of Insurance
Georgia State University
Department of Safety and Risk Management
75 Piedmont Avenue, Suite 506, Atlanta, GA, 30303
Phone: (404)-413-9549 Fax: (404)-413-9550

Instruction- Fill in form and print the form and fax it to 3-9550. Please complete all information. The certificate will be sent to (1) GSU Safety and Risk Management, (2) GSU department contact and (3) the entity requesting the certificate(if marked on the form)

GSU Department Requesting Certificate of Insurance:
(A complete mailing address, phone, fax and email address must be furnished)
____________________________________________________________________________________
____________________________________________________________________________________
GSU Department Address: ____________________________________________________________________________
____________________________________________________________________________________
GSU Contact Person: ____________________________________________________________________________
Contact Person’s Phone: __________________________ Fax: __________________________
Email address for GSU Department Contact: ____________________________________________________________________________

Describe the Activity: (If for a contract, send a copy of the Scope of Services)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
GSU Department’s relationship to the entity that is requesting the Certificate of Insurance:
____________________________________________________________________________________

Requesting a Certificate of Insurance for which insurance coverage? (Check all that apply)
Automobile Physical Damage
Automobile Liability
General Liability
Professional Liability
Property Insurance
Student Professional Liability
Worker’s Compensation Program
Other:
If other, please clarify:
____________________________________________________________________________________

Entity or Contractor Requesting a Certificate of Insurance:
(A complete mailing address, phone, fax and email address must be furnished)
Check here if you want GSU Safety and Risk Management to fax a copy of the certificate direct to the entity or contractor. If this is not checked, the certificate will be sent to the requesting GSU department.

Contact’s Name: ____________________________________________________________________________
Company: ____________________________________________________________________________
Address: ____________________________________________________________________________
City: __________________________ State: __________________________ Zip: __________________________
Phone Number: __________________________ Fax: __________________________
Email Address for Entity’s Contact: ____________________________________________________________________________