

**Regent University  
Certificate of Insurance  
Request Form**

Use this form to communicate a request for a certificate of insurance to be issued to a third party. (A separate form is required on each third party requesting a certificate of insurance, even if it is the same event.) **NOTE:** This form must be signed by your Instructor, or it will not be processed.

**Contact Information of Requester:**

Name of student/staff: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**ISSUE CERTIFICATE TO:**

Name of recipient (business, organization, owner, etc.) of COI:

\_\_\_\_\_

Attention:

\_\_\_\_\_

Address:

\_\_\_\_\_

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

**Special Language:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Regent University Representative (Instructor)

**Event/Film Title Course #/Class Title:** \_\_\_\_\_

**Date(s) Required** (e.g.: date of film shoot or conference): \_\_\_\_\_

**Back-up Date(s):** \_\_\_\_\_

Submit to Administrative Services, ADM Suite 116, [adminservices@regent.edu](mailto:adminservices@regent.edu), 757-352-4008.

**(Do not submit without instructor's signature)**

**Allow 2-3 business days for processing.**