

**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, 757-352-4008.

(Do not submit without instructor's signature)

Allow 2-3 business days for processing.