

## Request for Certificate of Coverage

### UF Department Requesting Certificate:

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

UF HR Department Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email for HR Department Contact: \_\_\_\_\_

### Describe why the request for the certificate of coverage:

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### Entity Requesting the Certificate:

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

#### Requesting a Certificate of Coverage for which insurance coverage?

(check all that apply)

Automobile Liability:

General Liability:

Workers' Compensation:

#### **Acknowledgement Step:** (electronic signature)

The requester acknowledges the certificate of coverage is to be used as proof of coverage only as such does not constitute an agreement or contract for indemnification purposes or additional insured.

Save and send the completed form as email attachment to [ehs.insurance.cocreq@connect.ufl.edu](mailto:ehs.insurance.cocreq@connect.ufl.edu). If your request is approved, you will be sent a link to download a copy of the Certificates/s of Coverage.