

Certificate of Insurance Request Form
Risk Management
Concordia College

DATE OF REQUEST: _____

DATE NEEDED: _____

NAME OF INSURED: Concordia College

REQUESTED BY: _____

DEPT OF: _____

CERTIFICATE HOLDER: _____
(Who is requesting)

DATES OF EVENT: _____

ATTENTION OF: _____

EMAIL: _____

FAX: _____

PHONE: _____