

Request for a Certificate of Coverage

Date: _____ Date Needed: _____

Requesting Agency: _____

Requesting Individual: _____

The Certificate of Insurance is being provided to: _____

For the purpose of: _____

If an agreement is associated with this request, place a checkmark in the appropriate box below and forward the entire agreement to Risk Management by:

- Fax: (503) 373-7337
- Mail: 1225 Ferry Street SE, U150, Salem, Oregon 97301
- E-Mail: Risk.Management@state.or.us