

Certificate of Insurance Request Form

Please note that the State of Georgia does not provide Additional Insured Status

Please allow 2 business days from the date of request

Please complete all required information on this form to request COI

Certificate Holder Name and Address: Name, Address, City, State, Zip

Description of Operations: Event date(s), Contract No., Scope of Work

GSU Employee contact information requesting COI: (name, department, email and phone no.)

Email this completed form and should you have any questions, please contact Queenie Gamble, qgamble@gsu.edu, (404) 413-9546 or Frederick Bibbs, fbibbs@gsu.edu, (404) 413-9548