

# 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

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

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

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Email this completed form and should you have any questions, please reach out to the Office of Insurance & Risk Management department at [risk@gsu.edu](mailto:risk@gsu.edu).