

CERTIFICATE OF INSURANCE REQUEST FORM

Date: _____

Person Completing this form: WANDA GIVENS

Department & Ext. FINANCIAL AFFAIRS 7340

Phone # 321-674-7340 Fax# 321-674-7586

Describe Event / Project or indicate Vendor:

To: _____

Address: _____

Phone # _____ Fax# _____

Please issue a certificate of insurance to: (Certificate Holder)

Florida Institute of Technology

Attn:

150 University Blvd.

Melbourne, FL 32901

() Florida Institute of Technology must be listed as additional insured.

() A faxed copy to _____ followed by a mailed hard copy is requested.

****The certificate of insurance must provide 30 days notice of cancellation.**