

You are requesting a certificate of insurance from Florida Institute of Technology.

To Office of Compliance and Risk Management

Phone 321-674-8885 Email compliance@fit.edu

Department requesting \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company requesting certificate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Reason for request/description of project:

Special instructions:

Coverages required on certificate (*check all that apply*):

General liability     Auto liability     Workers' comp     Additional insured     Other \_\_\_\_\_

**PLEASE SEND YOUR REQUEST TO THE OFFICE OF COMPLIANCE AND RISK MANAGEMENT.  
PLEASE ALLOW 10 DAYS FOR PROCESSING.**