

Recognized Student Organizations
Of The Pennsylvania State University
Special Request Form for Certificates of Insurance

(Complete this form only when the online Certificate at
<http://www.pmagroup.com/coi/coi.asp?Keycode=kicmidkpggathsyfwfyanhfc>
is not acceptable to the external entity requesting evidence of insurance).

Recognized Student Organization Name	_____
Contact Person	_____
Telephone Number	_____
Fax Number	_____
Email Address	_____
Event Description (include date(s))	_____
External Certificate Holder (party requesting certificate of insurance)	_____
Certificate Holder Address	_____
Certificate Holder Contact Name	_____
Telephone Number	_____
Fax Number	_____
Email Address	_____
Reason for Special Certificate (special wording, contract, etc.) Please include any and all documents or contracts with this request.	_____

Please email, fax or mail to:

Office of Student Activities
209 HUB-Robeson Center
University Park, PA 16802

Approval _____ Date _____

(Or to your Campus Office of Student Affairs for campuses other than University Park)

Once approved by Student Affairs, this documentation will be forwarded and processed within two work days.

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