

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

To Office of Compliance and Risk Management

Phone 321-674-7153

Email compliance@ft.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.