

Request Form for Certificates of Insurance

The Johns Hopkins University • Risk Management Department • 3910 Keswick Road, Suite N4300 •
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Phone: (443) 997-8258 • Fax: (443) 997-7725

Department Contact/Requestor

Telephone Number / Fax Number

Requestor's Address

Certificate Holder (party
requesting certificate of insurance)

Contact / Phone & Fax Number

Address

Reason for Certificate

Dates of Event

Lines of Coverage Required	Limit Required
<input type="checkbox"/> General Liability	\$
<input type="checkbox"/> Workers' Compensation/ Employers' Liability	\$
<input type="checkbox"/> Automobile Liability	\$
<input type="checkbox"/> Professional Liability	\$
<input type="checkbox"/> Pollution Legal Liability	\$
<input type="checkbox"/> Umbrella	\$
<input type="checkbox"/> T&O Liability	\$
<input type="checkbox"/> Other (e.g. railroad protective, builder's risk)	

If requesting additional insured designation please email a copy of the contract along with this form.

Email this form to the Department of Risk Management and Insurance: riskmgmt@jhu.edu

Do not use this form if requesting proof of medical malpractice/professional liability insurance for a new employer. Please send an email to jhsmcinsurance@jhmi.edu