

Request Form for Certificates of Insurance

Johns Hopkins University and Health System • Risk Management Department
• 3910 Keswick Road, Suite N5400 • Baltimore, MD • 21211

JH Contact

Telephone Number

JH Contact Email

Certificate Holder (Third party/Company requesting certificate of insurance)

Contact / Phone & Fax Number

Address

Reason for Certificate

Contract Dates

Lines of Coverage Required	Limit Required per contract
<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/Excess	\$
<input type="checkbox"/> Cyber/Privacy	\$
<input type="checkbox"/> Other (e.g. Crime 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 contract or credentialing. Please send an email to jhsmcinsurance@jhmi.edu