



Youngstown State University
 DEPARTMENT OF ENVIRONMENTAL
 AND OCCUPATIONAL HEALTH
 AND SAFETY

Request for Certificate of Insurance

YSU Department:
YSU Department Contact Person:
YSU Contact Person Email:

Send Certificate of Insurance To:		
Contact Person:		
Address:		
City	State	Zip
Reason for Request:		

For EOHS Office Use Only: <input type="checkbox"/> ELL <input type="checkbox"/> MED/MAL <input type="checkbox"/> GL <input type="checkbox"/> AL <input type="checkbox"/> FL

**Please fax request to:
 330-941-3798 (FAX)**

or

**Send form to:
 EOHS Cushwa Hall 2046**



For Additional Information or inquiries please call EOHS ext. 3700