

SFO DELEGATED CONTRACT – CERTIFICATE OF INSURANCE (COI) REQUEST PROCESS

Email the following information to Don Johansen at johansed@pdx.edu

Copy of contract – fully executed or partially executed if all terms negotiated and just waiting for other party to sign.

Date spans Fiscal Years – Yes/No

Other party's information:

Company/business name

Address

Name of contact to which COI should be sent

Email of contact

Requestor

Your name

Your email

Your Department

Broker will email COI to company contact with a copy to Don, CAPS, and Requestor/Department