**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