

REQUEST FOR VERIFICATION OF
PROFESSIONAL LIABILITY INSURANCE

Date _____

Name of Person to be Insured _____

Department _____

Dates of Coverage _____

Supervisor's Name _____

Supervisor's box # _____

Phone # _____

Email address _____

Supervisor's Signature _____

Institution's Name and Address _____

Contact Person _____

Contact Person's phone # _____

Contact Person's Email address _____

Complete and Return this form to:

Ms. Dora Hobson
Office of Risk Management
The University of Alabama
134 Rose Administration Building
P. O. Box 870119
Tuscaloosa, AL 35487

(205) 348 - 4535

(205) 348 - 3312 - Fax