



REQUEST FOR CERTIFICATE OF INSURANCE DURING INTERNSHIP/FIELD EXPERIENCE

Student Internship/Field Experience Placement Application:

BEFORE beginning work at the Internship/Field Experience, the student intern **MUST**:

- ☐ Be approved for the Internship/Field Experience by the program coordinator/program supervisor, **AND**
- ☐ Provide the internship supervisor with a Certificate of Insurance.
- ☐ Fill out the form below to request the insurance certificate. Give the completed form to instructor. Please allow a minimum of one week for approval.

Student Information:

Student Name: _____ Student ID #: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Internship/Field Experience Location Requiring the Certificate of Insurance:

Internship/Field Experience Location Name: _____
Supervisor Name & Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

For SCCC Internal Use

Request for Certificate of Insurance: *To be filled out by the course instructor.*

To: Kimberlee Mafaro, AIG (kimberlee_mafaro@ajg.com)

Internship/Field Experience Instructor Name: _____

Email: _____ Phone: _____

Program/Activity: _____

Dates the certificate will be in effect: _____

Send certificate of insurance to:

- ☐ Location of internship receiving certificate **AND**
- ☐ Internship course instructor