

# Tulane

Office of Insurance and Risk Management  
300 Gibson Hall  
6823 St. Charles Avenue  
New Orleans, La 70118

Use this form for proof of Medical Malpractice insurance for Tulane.

Department Name: \_\_\_\_\_

Department Contact/Phone Number: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Certificate holder: \_\_\_\_\_

Address: \_\_\_\_\_

Contact (if organization): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Begin Date: \_\_\_\_\_

Limit Required: \_\_\_\_\_

Name of        Doctor,        Resident, or        Medical Student:

\_\_\_\_\_

Note: Please send copy of agreement requiring coverage.

Please select one:

Fax Certificate of Insurance to me at \_\_\_\_\_

Send Certificate to me through campus mail.

Call when Certificate is ready and someone from my office will pick up at Office of Insurance and Risk Management.

**Please fax the completed form to 862-8766**

**Allow five (5) working days for your request to be processed.**

**If you have any questions, please call 865-5653 or e-mail us at [schrowa3@Tulane.edu](mailto:schrowa3@Tulane.edu).**