

**CERTIFICATION OF INSURANCE
(Health, Accident, Medical, Hospital)**

My insurance carrier has certified to me that the following policy which is currently in effect will cover me while I am a participant in this service project.

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy Number: _____ Valid Through: _____

I further understand that I am responsible for providing my coverage for health, accident, medical and hospital insurance during the entire period I will be a participant of the current service project for which I have been accepted.

Name: _____ **Program:** _____

Signature: _____ **Date:** _____

If you do not currently have insurance, you must purchase adequate coverage. All participants must be insured. This is for your protection.

Please direct any questions to:

**Jim Mahar
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