## **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:	
		Valid Through:	
accident, medical and h	ospital insurance du	or providing my coverage f ing the entire period I will which I have been accepte	be a
Name:		Program:	
Signature:		Date:	
If you do not currently have in insured. This is for your prote		se adequate coverage. All particij	pants must be

Please direct any questions to:

Jim Mahar School of Business, Department of Finance St. Bonaventure University St. Bonaventure, NY 14778