

**SAMPLE FORMAT**

*(Printed on Your Home Institution's Letterhead)*

Letter of Insurance

TO: Andrea Orange  
Risk Management  
University of Miami/Marine Operations  
4600 Rickenbacker Cswy.  
Virginia Key, FL 33149-1031

FROM: \_\_\_\_\_  
(Participants Name)

\_\_\_\_\_  
(Participant's Home Institution)

RE: Certificate of Insurance for Scientific Party In Association with University of  
Miami Research Cruises

\_\_\_\_\_  
(Participant's Home Institution)  
certifies that \_\_\_\_\_  
(Participant's Name)

is covered under this institution's worker's compensation program while taking part in  
activities with University of Miami research operations following the policies and  
procedures of the University of Miami/RSMAS from

\_\_\_\_\_ to \_\_\_\_\_  
(Start Date) (End Date)

\_\_\_\_ Check here if activities include scientific SCUBA diving and that the above named  
individual is covered under this program.

This coverage is extended to provide worker's compensation to the above named  
individual(s) for the duration of any scientific project conducted under the auspices of the  
University of Miami.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Your Institution's Risk Management or Program Manager)