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)