System Member: ________________________________

Requesting Department: ________________________________

Department Contact: ___________________________ Phone #: ___________________________

Title: ________________________________ Email: ________________________________

Type of Concerns
(Liability, Property, etc.): ________________________________

Attached Detailed Information of Concerns: (Check below if applicable)

☐ Contract/Lease Agreement ☐ Housing
☐ Activity ☐ Security
☐ Premises ☐ Attendance
☐ Sponsor ☐ Age of Participants
☐ Supervision ☐ Alcohol
☐ Transportation ☐ Inherently Dangerous
☐ Other ________________________________

DETAILED Description of Operations/Event/Activity: (Please use additional sheets if needed)

Attachments: (Photographs maybe requested for insuring of property and/or equipment)

☐ Copy of Contract/Agreement
☐ Other Pertinent Details ________________________________

Insurance Liaison Signature ___________________________ Date ___________________________

For Internal Use Only: ACTION/RECOMMENDATION

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________