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/Lake 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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________