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 ______________________