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

________________________________________________________________________