**RISK ASSESSMENT FORM**
The Texas A&M University System  
System Risk Management  
200 Technology Way, Suite 1120  
College Station, Texas 77845  
(979) 458-6330 Phone  (979) 458-6247 Fax  http://tamus.edu/ Web

<table>
<thead>
<tr>
<th>System Member:</th>
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</thead>
<tbody>
<tr>
<td>Requesting Department:</td>
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<tr>
<td>Department Contact:</td>
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<tr>
<td>Phone #:</td>
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<tr>
<td>Title:</td>
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<td>Email:</td>
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| 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)*

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

- [ ] Copy of Contract/Agreement
- [ ] Other Pertinent Details

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**Insurance Liaison Signature**  
**Date**

**For Internal Use Only:**  
**ACTION/RECOMMENDATION**

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