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| **Insurance Procurement Information Form** |

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| **System Member:** |       |
|  |  |
| **Requesting Department Name:** |       |
|  |  |
| **Department Contact:** |       | **Phone #:** |       |
|  |  |
| **Title:** |       | **Email:** |       |
|  |  |
| **Mailing Address:** |       |
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|  |       |
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|  |       |
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| **1.** | **Type of Coverage:** |       |
|  |
|  **(Please specify type of coverage requested)** |
|  |  |  |  |  |
| **2.** | **Total Amount of Value of Property/Equipment (if applicable):** |       |
|  |  |  |
| **3.** | **Dates of Coverage:** |       | to |       |
|  |  | **Starting Date** |  | **Ending Date** |
|  |  |  |
| **4.** | **Description of Operations/Event/Activity:** |  |
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| **5.** | **Attachments *(include any information that will assist us in determining your insurance needs)*:** |
|  |  |  |
|  | [ ]  | **Equipment Inventory List** | [ ]  | **Copy of Contract or Agreement** |
|  | [ ]  | **Information Forms** | [ ]  | **Application** |
|  | [ ]  | **Photographs** | [ ]  | **Brochure** |
|  | [ ]  | **Loss History** |  |  |
|  | [ ]  | **Other** |       |
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|  |       |  |       |
|  |  |  |
|  | **Signature** | **Date** |
|  |  |  |
|  |  |  |
| **The Texas A&M University System** | ***INTERNAL USE ONLY*** |
| **System Risk Management 200 Technology Way, Suite 1120** **College Station, TX 77845-3424 Campus Mailstop 1262(979) 458-6330 Phone (979) 458-6247 Fax** |  |  |
|  | ***Date Received*** |  |  |
|  |  |  |  |
|  | ***Insurance Secured*** | ***[ ]***  |  |
|  | ***Insurance Declined*** | ***[ ]***  |  |
|  |