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| **Insurance Procurement Information Form** |

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| **System Member:** | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **Requesting Department Name:** | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Department Contact:** | | | | | |  | | | | | | | | | | | | | **Phone #:** | | | | |  | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Title:** | | |  | | | | | | | | | | | | | | **Email:** | | | |  | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Mailing Address:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
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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** | | | | | |
|  |  | | | | |  | | | | | | | | | |
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| **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*** | |  |  |
|  | | | | |