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