

UNIVERSITY OF CALIFORNIA  
**REQUEST FOR INSURANCE**

1. DEPARTMENT REQUESTING INSURANCE:		2. DATE OF REQUEST:	
3. PERSON(S) RESPONSIBLE FOR PROPERTY:		4. THIS IS A REQUEST FOR: _____INSURANCE _____QUOTE	
5. LOCATION(S) OF PROPERTY WHILE INSURED:		6. TYPE OF EXPOSURE (CHECK IF APPLICABLE) _____Miscellaneous _____Airborne _____Audio/Visual _____Waterborne _____Medical/Hosp. _____Underground _____Pocket Pager _____Watercraft	
7. IF APPLICABLE HOW WILL PROPERTY BE TRANSPORTED? _____ SHIP _____ AIR _____ TRUCK _____ PERSONAL LUGGAGE _____ OTHER _____		8. DESIGNATE CARRIER:	
9. PROPERTY OWNERSHIP: _____ Owned by Regents _____ Leased _____ Other _____ Borrowed _____ Rented		IF NOT OWNED BY REGENTS, GIVE NAME AND ADDRESS OF OWNER:	
10. EXPLANATION (WHEN PURPOSE, USE OR APPLICATION OF PROPERTY IS NOT GENERALLY KNOWN, EXPLAIN BRIEFLY)			
11. DEPARTMENT, ACCOUNT NAME AND NUMBER PREMIUM TO BE CHARGED AGAINST:			
12. PERIOD OF INSURANCE (NOON, STANDARD TIME, PLACE OF ISSUANCE) FROM: _____ TO: _____			
13. PROPERTY IDENTIFICATION: (ATTACH ADDITIONAL SHEETS IF REQUIRED)			
SERIAL NO. OR UNIVERSITY I.D. NO.	DESCRIPTION		COST OR VALUE
<b>TOTAL VALUE OF PROPERTY:</b>			
14. DEPARTMENTAL APPROVAL		BUSINESS OFFICE APPROVAL	
1.	1.		
2.	2.		