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**BUSINESS OFFICE** 

Section: 500-11 EXHIBIT A

Effective: 05/01/1984 Supersedes: 03/24/1978 Review Date: TBD

Issuance Date: 05/01/1984

Issuing Office: Environment, Health & Safety

**EXHIBIT A** 

## 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:              |                |  |  |
|  |                          |             | INSURANCEQUO                           | DTE            |  |  |
| 5. LOCATION(S) OF PROPERTY WHILE INSURED:  |                          |             | 6. TYPE OF EXPOSURE (CHECK             | IF APPLICABLE) |  |  |
|  |                          |             | Miscellaneous                          | Airbourne      |  |  |
|  |                          |             | Audio/Visual                           | Waterborne     |  |  |
|  |                          |             | Medical/Hosp.                          | Underground    |  |  |
|  |                          |             | Pocket Pager                           | Watercraft     |  |  |
| 7. IF APPLICABLE HOW WILL PROPERTY   | BE TRANSPORTED?          |             | 8. DESIGNATE CARRIER:                  |                |  |  |
| SHIPAIR  | TRUCK                    | PERSONAL LU | JGGAGEOTHER                            |                |  |  |
| 9. PROPERTY OWNERSHIP:   |                          |             | IF NOT OWNED BY REGENTS, GIVE NAME AND |                |  |  |
| Owned by Regents   | LeasedOt                 | her         | ADDRESS OF OWNER:                      |                |  |  |
| Borrowed   | Rented                   |             |  |                |  |  |
| 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, STA   | NDARD TIME, PLACE OF ISS | UANCE)      |  |                |  |  |
| FROM:  | TO                       | O:          |  |                |  |  |
| 13. PROPERTY IDENTIFICATION: (ATTACH ADDITIONAL SHEETS IF REQUIRED)                                    |                          |             |  |                |  |  |
| SERIAL NO. OR UNIVERSITY I.D. NO.  | DESCRIPTION              |             | COST OR VALUE                          |                |  |  |

## University of California San Diego Policy – PPM 500 – 11 EXHIBIT A PPM 500 - 11 EXHIBIT A University of California Request for Insurance

|     |                           |    | TOTAL VALUE OF PROPERTY: |  |
|-----|---------------------------|----|--------------------------|--|
| 14. | 14. DEPARTMENTAL APPROVAL |    | BUSINESS OFFICE APPROVAL |  |
| 1.  |                           |    | 1.                       |  |
| 2.  |                           | 2. |                          |  |

FORM 1300 SF1332

SEND TO SAYLOR & HILL CO., 1939 HARRISON ST., OAKLAND, CA 94612