

# Insurance Procurement Information Form

System Member: \_\_\_\_\_

Requesting Department Name: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**

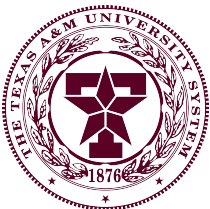
4. Description of Operations/Event/Activity:

5. Attachments *(include any information that will assist us in determining your insurance needs):*

- |   |  |
|---|--|
| <input type="checkbox"/> Equipment Inventory List | <input type="checkbox"/> Copy of Contract or Agreement |
| <input type="checkbox"/> Information Forms        | <input type="checkbox"/> Application                   |
| <input type="checkbox"/> Photographs              | <input type="checkbox"/> Brochure                      |
| <input type="checkbox"/> Loss History             |  |
| <input type="checkbox"/> Other                    |  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**The Texas A&M University System**  
System Risk Management  
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College Station, TX 77840-7896  
Campus Mailstop 1262  
(979) 458-6330 Phone (979) 458-6247 Fax

## INTERNAL USE ONLY

Date Received \_\_\_\_\_

Insurance Secured

Insurance Declined