

Refer questions to:
 System Office of Risk Services
 Ph: (907) 786-1140 or (907) 786-6119
 Fax: (907) 786-1412



1815 Bragaw St., Suite 206
 Anchorage, AK 99508-3438
www.alaska.edu/risksafety

| REQUEST FORM – CERTIFICATE of SELF-INSURANCE | | DATE |
|--|--|--|
| What types of coverage are being requested? <input type="checkbox"/> General Liability <input type="checkbox"/> Excess Liability (\$ 1,000,000 excess of \$2,000,000) <input type="checkbox"/> Auto Liability <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Student Professional Liability <input type="checkbox"/> Other (Describe): Student Accident CAN NOT be requested on this form. For Student Accident, please go to http://www.alaska.edu/risksafety/ua-only/student-accident-insuranc/index.xml | | The University of Alaska cannot add others as Additional Insureds or provide a Waiver of Subrogation. If the other party is requesting these terms, refer back to your university Grants office, Purchasing Office, or University Counsel for negotiation. |
| | | ATTACH COPY OF CONTRACT (or Agreement, etc) showing request for Certificate of Insurance and the insurance requirements. Certificate will NOT be issued without a contract. |
| CERTIFICATE ISSUED TO (CERTIFICATE HOLDER) | | |
| Name of corporation / individual requesting certificate | | |
| Address: | | |
| Contact person for Certificate Holder: | | |
| Their title: | | |
| Their phone: | | |
| Their email: | | |
| DESCRIPTION OF UNIVERSITY OPERATIONS RELATED TO THIS CERTIFICATE | | |
| Dates of activity or operation | Number of people involved | |
| Of number of people involved, how many are minors? | What type of transportation is involved? | |
| What is the university doing for or with this individual or corporation? Describe the activity or operation or scope of work. | | |
| YOUR UNIVERSITY CONTACT INFORMATON | | |
| Your university: | <input type="checkbox"/> SW | <input type="checkbox"/> UAF <input type="checkbox"/> UAA <input type="checkbox"/> UAS |
| Your name: | | |
| Your title: | | |
| Your phone: | | |
| Your email: | | |
| Any notes or comments: | | |
| 1 GET REVIEW BY CAMPUS RISK MANAGEMENT / GRANTS / PURCHASING – Check appropriate box : | | |
| <input type="checkbox"/> Frances Isgrigg, UAF Dir EH&S/ Risk Management <input type="checkbox"/> Samantha Aleshire, UAF Grant Management Officer <input type="checkbox"/> Other (Please list): | | <input type="checkbox"/> Doug Markussen, UAA Dir EH&S/ Risk Management <input type="checkbox"/> Tana Myrstol, UAA Director, Office of Sponsored Programs <input type="checkbox"/> Other (Please list): |
| <input type="checkbox"/> Dan Garcia, UAS Risk Management <input type="checkbox"/> Other (Please list): | | <input type="checkbox"/> Other (Please list): |
| INCLUDE COPIES OF THIS CERTIFICATE OF SELF INSURANCE TO: | | |
| | | |
| 2 TO ORDER THIS CERTIFICATE OF SELF-INSURANCE, PLEASE SEND TO: | | |
| Vanessa Saephan SW Risk Services vtsaephan@alaska.edu | | |