# REQUEST FORM – CERTIFICATE of SELF-INSURANCE

## What types of coverage are being requested?

- General Liability
- Excess Liability ($1,000,000 excess of $2,000,000)
- Auto Liability
- Workers Compensation
- Student Professional Liability
- 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-insurance/index.xml](http://www.alaska.edu/risksafety/ua-only/student-accident-insurance/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.

## 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

<table>
<thead>
<tr>
<th>Dates of activity or operation</th>
<th>Number of people involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of number of people involved, how many are minors?</td>
<td>What type of transportation is involved?</td>
</tr>
</tbody>
</table>

What is the university doing for or with this individual or corporation? Describe the activity or operation or scope of work.

## YOUR UNIVERSITY CONTACT INFORMATION

- Your university: □ SW □ UAF □ UAA □ UAS
- Your name:
- Your title:
- Your phone:
- Your email:

Any notes or comments:

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**GET REVIEW BY CAMPUS RISK MANAGEMENT / GRANTS / PURCHASING** – Check appropriate box:

- Frances Isgrigg, UAF Dir EH&S/ Risk Management
- Samantha Aleshire, UAF Grant Management Officer
- Other (Please list):
- Dan Garcia, UAS Risk Management
- Other (Please list):

**INCLUDE COPIES OF THIS CERTIFICATE OF SELF INSURANCE TO:**

**TO ORDER THIS CERTIFICATE OF SELF-INSURANCE, PLEASE SEND TO:**

Vanessa Saephan
SW Risk Services
vtsaephan@alaska.edu