# 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.**

The University of Alaska cannot add others as Additional Insureds or provide a Waiver of Subrogation. If the other party is requesting these terms, please refer back to your university Risk Management/EHS office, 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 Information
- Your university:
- Your name:
- Your title:
- Your phone:
- Your email:
- Any notes or comments:

## Get Review By Campus Risk Management / Grants / Purchasing – Check Appropriate Box:
- Tracey Martinson, UAF Director EH&S or Elizabeth Hughes-Hageman, UAF Risk Manager
- UAF
- Tim Edwards, UAA Director EH&S
- Other (Please list):
- Other (Please list):
- Dan Garcia, UAS Health and Safety Manager
- Other (Please list):
- UAS
- Other (Please list):

## Include Copies of This Certificate of Self-Insurance To:

## To Order This Certificate of Self-Insurance, Please Send To:
SW Risk Services
ua-risk@alaska.edu