

**Refer questions to:**  
**System Office of Risk Services**  
 Phone: (907) 786-6119  
 Fax: (907) 786-1412



1815 Bragaw St., Suite 209  
 Anchorage, AK 99508-3438  
[www.alaska.edu/risksafety](http://www.alaska.edu/risksafety)

<b>REQUEST FORM – CERTIFICATE of SELF-INSURANCE</b>	<b>DATE</b>	
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**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 - Healthcare Specialties  
 Other (Describe):  
**Student Accident CAN NOT be requested on this form.**  
 For more information see [alaska.edu/risksafety/insurance/](http://alaska.edu/risksafety/insurance/)

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 INFORMATON**

Your university:	<input type="checkbox"/> SO	<input type="checkbox"/> UAF	<input type="checkbox"/> UAA	<input type="checkbox"/> UAS
Your name:				
Your title:				
Your phone:				
Your email:				
Any notes or comments:				

**SUBMIT TO CAMPUS RISK MANAGEMENT / GRANTS / PURCHASING FOR REVIEW– Check appropriate box :**

<b>UAF</b>	Aaron Scheffler, UAF Director EHSRM Becca Whitman, UAF Risk Manager UAF Director Grants & Contracts Other (Please list):	<b>UAA</b>	John Huffman, UAA Director EHSRM/EM Edalee Ahmaogak, UAA Risk Manager Other (Please list):
<b>UAS</b>	Louisa Cryan, Interim VCAS Other (Please list):		Other (Please list):

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**SYSTEM OFFICE REVIEW**

Vanessa Saephan, CIC, Director of Insurance / Risk Management  
[vtsaephan@alaska.edu](mailto:vtsaephan@alaska.edu)