

Refer questions to:  
 System Office of Risk Services  
 Phone: (907) 86-1173  
 Fax: (907) 86-412

1815 Bragaw St., Suite 2C  
 Anchorage, AK 99508-4336  
 www.alaska.edu/risksafe

REQUEST FORM FOR CERTIFICATE OF SELF INSURANCE		DATE
<p><b>What types of coverage are being requested?</b></p> <p>General Liability            Excess Liability (\$ 1,000,000 to \$2,000,000)            Auto Liability            Workers Compensation            Student Professional Liability/Healthcare Specialties            Other (Describe):  <b>Student Accident CANNOT be requested on this form.</b></p>		<p>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, University Counsel for negotiation.</p> <p><b>ATTACH COPY OF CONTRACT</b> (Agreement, etc) showing request for Certificate of Insurance and the insurance requirements. Certificate will NOT be issued without a copy</p>
<b>CERTIFICATE ISSUED TO (CERTIFICATE HOLDER)</b>		
Name of corporation / individual requesting certificate		
Address:		
Contact person for Certificate Holder:		
Their title:		
Their phone:		
Their email:		
<b>DESCRIPTION OF UNIVERSITY OPERATIONS RELATED TO THIS CERTIFICATE</b>		
Dates of activity or operation	Number of people involved	
Of number of people involved, how many are members?	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.		
<b>YOUR UNIVERSITY CONTACT INFORMATION</b>		
Your university	SW	UAF UAA UAS
Your name:		
Your title:		
Your phone:		
Your email:		
Any notes or comments:		
<b>1 GET REVIEW BY</b>		