

Insurance Initiation Form



Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact: esc@tamu.edu or (979) 845-4141.

INSTRUCTIONS Please provide the following information for the event or equipment needing insurance. Have the form signed by the Department Head or designated insurance liaison in the department, and return it to Insurance Services at the mail stop or email address given below.

1. SYSTEM INFORMATION				
System Member	TEXAS A&M UNIVERSITY		System Member Number	02
Requesting Department Name:	INSURANCE SERVICES			
Department Point of Contact	KATHY MILLER	Title	MANAGER OF INSURANCE OPERATIONS	
Day Phone	(979) 845-2850	Evening Phone	(979) 862-1503	Email: kathy-miller@tamu.edu
2. DEPARTMENT INFORMATION				
Name of Event or Equipment to Insure			Total Amount of Value	
Department Name:				
Department Head			Email:	
Mail Stop:	Phone	Fax		
Department Point of Contact:			Email:	
Day Phone		Evening Phone		
Fax:	Mail Stop:	Cell Phone:		
3. ACCOUNT NUMBER FROM WHICH INSURANCE PREMIUM WILL BE PAID				
Main Account		Sub Account		
4. TYPE OF COVERAGE REQUESTED				
General Liability <input type="checkbox"/> Medical <input type="checkbox"/> Property <input type="checkbox"/> Other <input type="checkbox"/> Type of Policy				
B. New Coverage <input type="checkbox"/> Renew Coverage <input type="checkbox"/> Cancel Coverage <input type="checkbox"/> From Date: _____ To Date: _____				
5. DESCRIPTION OF OPERATION FOR PURPOSE OF INSURANCE <i>Please attach additional sheets in needed</i>				
Note: For events provide date, estimated number of participants, estimated number of event volunteers/staff, and details of the event.				
6. ATTACHMENTS				
<input type="checkbox"/> Equipment Inventory List <input type="checkbox"/> Information Forms <input type="checkbox"/> Application <input type="checkbox"/> Brochures <input type="checkbox"/> Loss History <input type="checkbox"/> Copy of Contract/Agreement <input type="checkbox"/> Other				

My signature acknowledges request for enrollment in the specified insurance coverage as indicated in Sections 3 and 4 and authorizes the transfer of funds from the account referenced in Section 2 of this application for the payment of insurance premiums.

Signature of Department Head or Designee

Date

SUBMIT FORM TO: Insurance Services Contract Administration MS 1182 Fax (979) 862-7130	NEED HELP? Insurance Services (979) 845-2850 insurance@tamu.edu
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INTERNAL USE ONLY

Date Received	Insurance Secured	<input type="checkbox"/>	Insurance Declined	<input type="checkbox"/>
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