



Owned/Leased Business Property Insurance Request

Please return this form to Risk Management located in Brotman Hall, Room 346 (MS0123) or email to RiskManagement@csulb.edu.

SECTION I: Requestor information

Name: _____ Dept: _____

Phone: _____ Fax: _____ Email: _____

Building/Room number: _____

SECTION II: Property Insurance Information

Premiums will be invoiced to the requesting department by Risk Management on a quarter basis. An estimate of premium cost will be provided to the department prior to placing the coverage.

Effective Date of Coverage¹: _____ End Date of Coverage²: _____

For each item for which insurance is requested, please provide a detailed description of that item (e.g., Konica Copier Model 1512A Serial No. 22112):

1. _____
2. _____
3. _____
4. _____
5. _____

Please provide the value in whole U.S. dollars and the Building/Room location of each item listed above:

- | | | |
|----|----------|----------------------|
| 1. | \$ _____ | Building/Room: _____ |
| 2. | \$ _____ | Building/Room: _____ |
| 3. | \$ _____ | Building/Room: _____ |
| 4. | \$ _____ | Building/Room: _____ |
| 5. | \$ _____ | Building/Room: _____ |

Attach a signed copy of the procurement document which verifies the value of each item.

¹ Effective Date of Coverage will be the date that the request is received by Risk Management or a future date as indicated by the Requestor (e.g., A future date of anticipated receipt or installation).

² Coverage will extend indefinitely unless cancelled by the Requestor.