



California State University, Long Beach
1250 Bellflower Boulevard
Long Beach, California 90840

Owned/Leased Business Property Insurance Request

REQUESTOR

Name: _____
 Department: _____
 Phone: _____
 Fax: _____
 Email: _____
 Bldg/Room#: _____

RETURN TO

Safety and Risk Management
 FM/SRM Building, MS 5702
 Long Beach, CA 90840
 Email: saferrisk@csulb.edu
 Fax: 562-985-2411

Premiums will be invoiced to the requesting department by Safety and Risk Management annually. 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 the following information.

Detailed description: *(ex: Konica Copier Model 1512A Serial No. 22112)* _____

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

Value (whole U.S. dollars):

Item location (Bldg/Room):

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

¹Effective date of coverage will be the date the request is received in Safety and Risk Management or a future date as indicated by the Requestor, such as a future anticipated date of receipt or installation.

²Coverage will extend indefinitely unless specified by the Requestor.