

Refer questions to:
System Office of Risk Services
 Phone: (907) 786-1173
 Fax: (907) 786-1412



1815 Bragaw St., Suite 209
 Anchorage, AK 99508-3438
www.alaska.edu/risksafety

REQUEST FORM – CERTIFICATE of SELF-INSURANCE	DATE	
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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.

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"/> SW	<input type="checkbox"/> UAF	<input type="checkbox"/> UAA	<input type="checkbox"/> UAS
Your name:				
Your title:				
Your phone:				
Your email:				

Any notes or comments:

1 GET REVIEW BY CAMPUS RISK MANAGEMENT / GRANTS / PURCHASING – Check appropriate box :

<input type="checkbox"/> Tracey Martinson, UAF Director EHSRM or Becca Whitman, UAF Risk Manager <input type="checkbox"/> UAF Director Grants & Contracts <input type="checkbox"/> Other (Please list):	UAF	<input type="checkbox"/> Vacant, UAA Director EHSRM Edalee Ahmaogak, UAA Risk Manager <input type="checkbox"/> Other (Please list):	UAA
<input type="checkbox"/> Ryan Sand, UAS Director EHSRM <input type="checkbox"/> Other (Please list):	UAS	<input type="checkbox"/> Other (Please list):	

2 TO ORDER THIS CERTIFICATE OF SELF-INSURANCE, PLEASE SEND TO:

SW Risk Services
ua-risk@alaska.edu