



Property (Inland Marine) Insurance Request Form

Note: Requests must be submitted 15 business days prior to effective date of coverage to riskmgmt@sfsu.edu or Administration 260.

If you have questions, contact Enterprise Risk Management at riskmgmt@sfsu.edu; or Aimee Arica at 415-338-7191 or amarica@sfsu.edu

Requestor Information

Date: _____
Name: _____
Department: _____
Phone: _____ Email: _____

Effective Dates of Coverage

From: _____ To: _____
Detailed Description: _____

Total Insurance Value (USD): \$_____

If you have a list of items to insure, attach a list which includes the detailed description and insurance/ estimated values of each item with this form, and check this box.

Provide S.F. State Chartfield Account Number

Account 660812 Insurance Fund _____ Dept _____ Program _____
Class _____ Project _____ Scenario _____

Note: Insurance premiums will be recharged to the department by Enterprise Risk Management upon receipt of a quarterly invoice from the University's insurance administrator, which is normally within the following month after each quarter.