

**REQUEST FOR THEFT BUY DOWN INSURANCE**

1. DEPARTMENT REQUESTING INSURANCE: Dept Name  
 CONTACT & PHONE # Dept Contact, Phone

2. DATE OF REQUEST: Request Date

3. PERSON(S) RESPONSIBLE FOR PROPERTY: Responsible Party

4. LOCATION(S) OF PROPERTY WHILE INSURED: Location

5. TYPE OF EXPOSURE (CHECK IF APPLICABLE)

- MISCELLANEOUS
- AUDIO/VISUAL
- AIRBORNE
- WATERBORNE
- MEDICAL/HOSPITAL
- UNDERGROUND
- POCKET PAGER
- WATERCRAFT
- EDP

6. PROPERTY OWNERSHIP: IF NOT OWNED BY REGENTS, GIVE NAME & ADDRESS OF OWNER  
 (ATTACH COPY OF LOAN AGREEMENT)

- OWNED BY REGENTS
- BORROWED
- OTHER
- LEASED
- RENTED

Owner Name  
 Owner Street Address  
 Owner City, state Zip

7. FOAPAL (ACCOUNT TO CHARGE): F-O-A-P-A-L

8. PROPERTY IDENTIFICATION: (ATTACH ADDITIONAL SHEETS IF REQUIRED)

RFI#	SERIAL # AND UC PROPERTY #	DESCRIPTION	VALUE
For RM Use	Serial, UC #	Item, details	Dollar amount/depreciated?

9. DEPARTMENTAL APPROVAL RISK MANAGEMENT APPROVAL

A. \_\_\_\_\_  
 DEPARTMENTAL AUTHORIZED SIGNATURE

B. \_\_\_\_\_  
 RISK MGMT. AUTHORIZED SIGNATURE

Dept Authority

RM Authority

PRINT ABOVE NAME

PRINT ABOVE NAME