

**EQUIPMENT INSURANCE POLICY
REQUEST FORM**

DEPARTMENT INFORMATION:

Department Name _____

Name of Requester (typed) _____

Your Fund and Cost Center to be Charged _____ - _____

Authorized Signature (for Cost Center) _____

EQUIPMENT INFORMATION:

<u>Type of Equipment</u>	<u>Serial Number</u>	<u>Location</u>	<u>Value</u>
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Total Equipment Value \$ _____