

**THE UNIVERSITY OF TEXAS AT AUSTIN**  
**Equipment Insurance Request—Add Insurance**

Fax completed request to **471-1651** • Attn: Office of the Controller

Date: \_\_\_\_\_

The undersigned requests insurance coverage on the equipment listed below belonging to \_\_\_\_\_  
 Department

( ) **Annual** Insurance coverage (permanent)      OR      ( ) **Temporary** insurance coverage with dates of coverage from \_\_\_\_\_ to \_\_\_\_\_

Account number to which insurance premium is to be charged: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Department Contact Email: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature: Signer of account, Chairman, or Director

Name (printed or typed)

<u>Description</u>	<u>Unit Code (Required)</u>	<u>Model Number</u>	<u>Serial Number</u>	<u>Inventory Number</u>	<u>Insured Value (Replacement Cost)</u>