

THE UNIVERSITY OF TEXAS AT AUSTIN
Equipment Insurance Request—Drop or Change 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

- () **Drop** insurance coverage OR () **Change** insurance coverage
 () Annual coverage (permanent) () Monetary change
 () Temporary coverage () Non-monetary change

Account number to which insurance premium is currently being charged: _____ Effective date of coverage: _____

Department Contact: _____ Phone: _____ 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>