INLAND MARINE (EQUIPMENT)
INSURANCE REQUEST FORM

INSTRUCTIONS: If more than one item is being insured, complete one form for each item. Forward the form to the Office of Risk Management, riskmanagement@tennessee.edu. Please contact the office at (865) 974-5409 with any questions/concerns.

Item Name: ______________________________________________________
Make: ___________________________ Model: ______________________
Serial #: ____________________________

Value Amount (Purchase Price): $______________

Is the Property Leased or on Loan? Yes No
If so, please provide the leasing company’s information:
Name: ____________________________
Address: ____________________________

Is the Property Financed? Yes No
If financing, please provide the bank information:
Name: ____________________________
Address: ____________________________

Dates of Coverage: Beginning: ___/____/____ Ending: ___/____/____

Shipping Origin:
Facility: ____________________________
Address: Street: ____________________________
City: _______________ State: _______ Zip Code: ___________

Shipping Destination:
Facility: ____________________________
Address: Street: ____________________________
City: _______________ State: _______ Zip Code: ___________

Department’s Information:
Department: ____________________________
Departmental Contact:
Name: ___________________ Telephone #: ___________________
Cost Center: ___________________ Account #: ___________________
G/L Code: ___________________ Vendor #: ___________________