Request for Insurance Coverage & Authorization for Premium Payment

- Use this form to request new insurance coverage by a UH department or to authorize renewal of existing coverage and to authorize payment of the premium from the specified account.

- This form must be completed and signed by the certifying signature authority for the account provided.

- The Risk Management Department will make payment to the insurance carrier or agency directly from the specified account using this documentation as authorization.

- Failure to complete or return this document within 14 days will result in non-renewal of coverage.

  - New Coverage Effective (date):
  - Renew Coverage:
  - Cancel Coverage:

Requesting Department: ____________________

Name/Type of Coverage: ____________________

Department Contact: ____________________ UH Telephone: _______ FAX: _______

UH Mail Code: ____________ Business Unit: ____________ Fund Code: ____________

Dept. Code: ____________ Program Code: ____________ Project ID: ____________

Speed Type: ________________ * Quoted Cost- if available: $_________________

“I certify that the insurance coverage described above has been requested and that I authorize the recording of the expense for this coverage to the referenced account.”

Printed Name, Certifying Signature: ____________________

Signature: ____________________ Date: ____________

Return the original form to: Risk Management at: Campus Mail Code 1005 For expedited coverage you may fax the form before mailing the original. Fax: 713-743-8035 Phone: 713-743-5858

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