

University of Houston System

Risk Management

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