University of Houston System
Risk Management

Request for Insurance Coverage & Authorization for Premium Payment

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- 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 5 days could result in non-renewal of coverage.**

☐ New Coverage Effective (date): _____

☐ Renew Coverage: _____

☐ Cancel Coverage: _____

Requesting Department: _____

Name/Type of Coverage: _____

Department Contact: _____ UH Telephone: _____

UH Email: _____

UH Mail Code :_____ Business Unit: _____FundCode:_____

Dept. Code:_____ Program Code:_____ Project ID:_____

Speed Type: _____   Quoted Cost- if available: $_____

Notes:

> "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 completed form to Risk Management.
riskmgt@Central.uh.edu