ANNUAL
ON CAMPUS
AGENT LIABILITY REQUEST

TO:    Dean Sankey, Safety Director

Based on the information obtained from the Agent Liability Qualification Statement, I request that consideration be given to extending liability coverage to qualified individuals as agents of the University of Wisconsin (State of Wisconsin) as outlined in the answers supplied for the specific questions noted below. Any additional information I feel would be helpful in your determination as to whether this program and those qualified individuals participating therein appear to meet the intent of Wisconsin Statutes Section 895.46(1) is also enclosed.

1. Specific name of program: ________________________________________________________

2. Duration of program: from________________________to_____________________
   (month, day, year)                      (month, day, year)

3. What University office or department supervises the services performed?
   __________________________________________________________________________

4. What is the approximate number of individuals for whom agent liability protection is requested? ____________________________________________

5. Is the student/volunteer for which agent liability protection is being requested paid a salary, wage, or stipend for services performed? ____________

6. Are the services or training performed entirely on campus? Yes____________
   No____________ (explain off campus activities) _________________________
   _______________________________________________________________________

7. Are the services being performed by the student/volunteer under the supervision of a University employee? Yes ___________ No ___________ If the answer is yes, does the University:

   Yes ___ No ___
   Appoint the student/volunteer?

   Yes ___ No ___
   Provide supervision similar to that provided to an employee?

   Yes ___ No ___
   Schedule when the student/volunteer will perform the duties?

   Yes ___ No ___
   Evaluate student/volunteer performances?

   Yes ___ No ___
   Dismiss unsatisfactory performers?
8. Describe the program: __________________________________________________

____________________________________________________________________
____________________________________________________________________

9. For the program described above, state clearly the duties and responsibilities of the
individuals for whom agent liability protection is being requested: ______________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

10. Describe the qualifications of the individual to perform the above duties and
responsibilities: ______________________________________________________
____________________________________________________________________
____________________________________________________________________

11. Explain the direct and substantial benefits to the University from this particular
program: ____________________________________________________________
____________________________________________________________________
____________________________________________________________________

Submitted by:

____________________________________________________________________

Signature                                      Job Title                                      Date