

**University of Wisconsin-Stout
Temporary Inland Marine Insurance Request**

Instructions

Complete in two copies and make distribution as follows:

Copy 1 – Safety & Risk Management Office: Attention, Sheila Forrest-DeSmith
University Services Building, room 130

Copy 2 – Department file

Fill in all fields. Call X 1793 if you have any questions

Completed form must arrive in Safety & Risk Management Office prior to date coverage is requested.

Quantity	Item	Serial #, C# , etc.	Description (Include brand, model, etc.)	Value

Inland Marine Requested for period from _____ to _____

(Month, Day, Year)

(Month, Day, Year)

Signatures

Requested by _____ Date: _____

Approved by (Department Administrator) _____ Date: _____