



FINE ARTS EXHIBIT COVERAGE REQUEST

Please submit this request to: _____ Date Request Submitted: _____

CSUS Risk Management Fax: (916) 278-4359
Sequoia Hall, Room 315.

*Note: Coverage requests must be submitted 15 days prior to requested effective date of coverage.

Inclusive Dates of Loan: _____ through _____

Inclusive Dates of Exhibit: _____ through _____

Name of Exhibit: _____

Name of Lender: _____

Address of Lender: _____

Is Transit Coverage Required? Yes? __ No? __ Enroute to CSUS? __ From CSUS? __

Shipping Origin Address: _____

Shipping to (end of Exhibit): _____

Value of Exhibit: _____

Where will Exhibit be displayed: _____

Premiums are authorized to be charged to:

Account _____ Fund _____ Dept ID _____ Class _____

Must attach:

- 1.) Copy of Art Loan Agreement
- 2.) Exhibit Inventory Form

Requested by:

Name/Position/Department _____

Date: _____ Phone: _____

Authorized by: Dean/Director: _____ (Signature)

Date: _____ Phone: _____

Questions?: (916) 278-7233