

GEORGIA INSTITUTE OF TECHNOLOGY

Insurance & Claims Management

Request for all Risk Insurance

(Non-Georgia Tech owned equipment only)

<u>Description</u>	<u>Serial #</u>	<u>Model #</u>	<u>Replacement Cost</u>

Period Covered – From: _____ To: _____

Owner of Equipment: _____

Employee Name: _____

Employee Signature: _____ Date: _____

Department/Lab Director Approval: _____ Date: _____

Dept Name:	Mail Code:
Phone #:	Fax #:

Note:

1. This equipment can only be used in the performance of your official duties for Georgia Tech.
2. Notify Risk Management immediately if equipment is not returned on or before the date listed above.
3. Provide agreement, if applicable (lease, consignment, etc.)
4. Include attachments if additional space is needed.
5. Agreement expires annually on June 30th and must be renewed.

Insurance & Claims Management Mail Code: 0300

Please email gtinsurance.ask@business.gatech.edu with any questions.

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