

**Risk Insurance Review**

**Risk #:**

**Review Title:**

**Granicus/SP#: PID #: Amount:**

**Point of Contact: Dept: Type of Review:**

**Dates/Term: History:**

**Partners/Vendors:**

**Additional Insureds Required:**

**PE to PE, §768.28 Language: Insurance Required:**

<u>Coverage</u>	<u>Limits</u>	<u>Add'l Language/ Exclusions</u>	<u>Justification</u>
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**Reviewer  
Comments:**

**Project  
Detail:**

**Reviewer: Date: Manager: Date:**

*Please note: The Insurance & Contractual Risk Division reviews requests to assess risk, assign insurance requirements and provide compliance reviews for insurance certificates. However, this review does not imply approval for any event, purchase, service or project. It is the requestor's responsibility to obtain all necessary approvals.*