

# EXTRA RISKS SPECIFIC & TEMPORARY PROTECTION REQUEST FORM



Risk Management Service

Conference/Institution .....

Address .....

..... State.....Postcode.....

Cover required from .....

Cover required to (for temp cover only).....

Existing certificate? Yes  ..... No

(Indicate Certificate No.)

| ITEM NO | PROPERTY TO BE COVERED | DATE OF PURCHASE | MAKE / MODEL | SERIAL NUMBER | REPLACEMENT COST |
|---------|------------------------|------------------|--------------|---------------|------------------|
|         |                        |                  |              |               |                  |
|         |                        |                  |              |               |                  |
|         |                        |                  |              |               |                  |
|         |                        |                  |              |               |                  |
|         |                        |                  |              |               |                  |
|         |                        |                  |              |               |                  |
|         |                        |                  |              |               |                  |
|         |                        |                  |              |               |                  |
|         |                        |                  |              |               |                  |
|         |                        |                  |              |               |                  |
|         |                        |                  |              |               |                  |
| TOTAL = |                        |                  |              |               |                  |

1. Usual location of items .....
2. Who will be using items .....
3. Purpose for which items will be used .....
4. Places other than usual location where items will be used.....

SIGNED..... Date.....

(PLEASE PRINT NAME HERE) .....