
**BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM
UNIVERSITY OF WISCONSIN LA CROSSE**

AGENT LIABILITY COVERAGE REQUEST

Title of Program: _____

Department/Unit Responsible: _____

Name of Individual for Whom Coverage is Requested: _____

NOTE: A list of participants is not necessary on this form if you are requesting coverage for a group participating in an activity. However, the department/unit responsible for this program must keep a verified current list of all participants on file. This list would be made available to the Risk Manager on request.

Duration of Program: _____

Purpose of Program: _____

General Duties and Responsibilities of the Participants: _____

Submitted by: _____
Signature and Typed Name Department/Unit/Organization

Administrator/Advisor: _____
Signature and Typed Name Date

Return this form to Risk Management, Maintenance and Stores Building, for approval.

- Program qualifies participants for agent liability coverage.
- Program does not qualify - See cover letter for reasons.

Risk Manager

Date