

California State UniversityD 0E ] š ] u u Ç  
Risk Identification and Evaluation Form

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This Section to be Completed by the Buyer

Project: \_\_\_\_\_ Contract/Req.# : \_\_\_\_\_

Contractor/Vendor:

IV. Identification of insurance requirements not met (briefly explain):

<input type="checkbox"/> Insurance Limits Not Met	<input type="checkbox"/> Insurance Coverage Not Present
Additional Insured Endorsement	
<input type="checkbox"/> Blanket Auto	
<input type="checkbox"/> Missing Auto	
<input type="checkbox"/> Blanket GL	
<input type="checkbox"/> Missing GL	
<input type="checkbox"/> Other	
<input type="checkbox"/> Umbrella is being used to cover/meet GL/PL Limits	
<input type="checkbox"/> Insurance Rating (Below AII)	
<input type="checkbox"/> Other (i.e. PO name doesn't match COI, dates for PO activity are not covered in term of COI as provided, etc.)	

V. Requestor Information (from Department)

Requestor's Name	Extension	e-mail
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VI. Recommendation of Buyer (optional):

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**This Section to be Completed by the Department of Risk Management**

VII. Recommendation of Risk Manager

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University Risk Manager