

GENERAL &/or AUTO LIABILITY COVERAGE SELF INSURED LETTER REQUEST

SEND TO RMS: MS 1042, FAX (702) 895-4690 OR E-MAIL TO MICHAEL.MEANS@UNLV.EDU

DATE OF REQUEST:

DATE NEEDED BY:

INSTITUTION (UNLV/CSN/NSC):

DEPARTMENT:

REQUESTER:

PHONE NUMBER:

NAME OF EVENT OR CONTRACT:

DURATION OF EVENT:

PERSON WHO LETTER SHOULD BE SENT TO:

COMPANY:

ADDRESS:

PHONE NUMBER:

FAX: