

University of Houston System

Authorization for Insurance Coverage and Premium Payment

INSTRUCTIONS:

- Use this form to obtain insurance coverage for a specific department or campus.
- This form must be completed and signed by the person with certifying signature authority for the unit desiring insurance coverage, and returned to Johnny Centineo, UHS-UH Director, Risk Management. (FAX # - 713-743-8040)
- Insurance coverage may not be obtained until this form has been properly completed.

Name of Coverage(s): _____

Quoted Expense (if available): _____

Account number to Bill (ledger 2,3,4, or 5 ONLY): _____

Campus/Dept.: _____

Campus Mail Code: _____ Telephone: _____

“ I certify that I have requested the above insurance coverage and that funds will be made available from the account shown for this insurance premium.”

Printed Name, Certifying Signature Official: _____

Certifying Signature: _____ Date: _____

Please mail or FAX this form to: Johnny Centineo, UHS - UH Director, Risk Management, FPC 1852: 743-8040