University of Wisconsin-Milwaukee
Department of University Safety & Assurances

REMOVAL OF PROPERTY & EXTENDED COVERAGE REQUEST for Items $50,000 and Over

Use this form when University-owned property, whether capital or non-capital, is removed from the campus for short-term use by faculty and staff, property is transported off campus by faculty and staff for service or repair, or property is removed by tradespersons for repair. A conformed copy of this form should be kept on file in the department, or unit business office, as appropriate. A conformed copy of this form should be kept with the removed property at all times.

I, _____ , _____ , of the Department/Office/Center of
[PRINT NAME] **[TITLE]**

_____ request to remove the following University owned property from the building/area in which it is kept and to have the appropriate "All Risk" Insurance Coverage applied in the event of loss or damage.

Reason for request: _____

Description	UWM Inventory # or Mfg. Serial #*	Normal Location	UDDS#	Intended Location	Date of Coverage From:_____to_____	Acquisition Cost**

KEY:

* UWM Inventory # if capital equipment
Mfg's serial # for non-capital equipment

** Cost may be estimated if not known—verification of cost will be required if a claim is made

_____ _____
Signature of Requesting Individual **Date**

Approved by:

_____ _____ _____
Dean **Date** **Printed Name**

_____ _____ _____
Assistant Dean/Business Manager **Date** **Printed Name**

_____ _____ _____
Risk Manager **Date** **Printed Name**

Return one copy to UW-Milwaukee, Department of Safety & Assurances, Engelmann Hall, Room 270, P.O. Box 413, Milwaukee, WI 5320l, 414.229.6339