



California State University Maritime Academy Risk Identification and Evaluation Form

This Section to be Completed by the Buyer

Project: _____ Contract/Req. # : _____

Contractor/Vendor: _____

Buyer's Name: _____ Extension: _____ Date of Request: _____

The following risk identification and evaluation form is provided in compliance with Technical Letter re: California State University Insurance Requirements, RM 2012-01 to identify and document insurance review and/or waiver for purposes of campus related activities or purchases. **NOTE: Please be sure to submit a copy of the requisition, (signed) contract, and/or backup documentation with the RI&E Form prior to the commencement of the performance of any contractual obligations or dispatch of a Purchase Order and ensure payment of any vendors.**

I. Detailed description of Activities, including frequency, dates, and location: _____

II. Type of Contract*:

<input type="checkbox"/> Minor Projects (under \$610K)	
<input type="checkbox"/> Major Projects	
<input type="checkbox"/> \$610K to \$2 million	
<input type="checkbox"/> \$2 to \$5 million	
<input type="checkbox"/> \$5 to \$10 million	
<input type="checkbox"/> Over \$10 million	
Scope of Work	
<input type="checkbox"/> Public Works Service Architect and Engineering	<input type="checkbox"/> HazMat Projects up to \$5,000,000
<input type="checkbox"/> Public Works Service in Support of Construction Projects	<input type="checkbox"/> HazMat Projects over \$5,000,000
<input type="checkbox"/> Written Service Agreements or Signed Orders (Non Public Works)	<input type="checkbox"/> Purchase Order without Written Agreement
<input type="checkbox"/> Facility Use Agreements	

III. Additional Factors for Consideration (check all that apply):

<input type="checkbox"/> Chancellor's Office Contract in Place for Activity	<input type="checkbox"/> Identified as Sole Source with Documents in Place	<input type="checkbox"/> IT Agreements involving Financial Transactions
<input type="checkbox"/> Lasers, X-ray producing equipment, and gas compression systems	<input type="checkbox"/> Transportation of Students or Third Parties via Charter Vehicle	<input type="checkbox"/> SRMReview Confirmed
<input type="checkbox"/> IC Agreement if no Automatic Waiver Applies**	<input type="checkbox"/> Professional Services Required (Engineering, Architectural)	<input type="checkbox"/> Agreements involving sensitive data (cyber risk, crime bond)

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 A-VIII)	
<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

VI. Recommendation of Buyer (optional):

_____.

This Section to be Completed by the Department of Risk Management

VII. Recommendation of Risk Manager:

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Returned for Additional Review/Information	<input type="checkbox"/> Notification of Defect and Commentary (Event has passed)
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University Risk Manager or Designated Representative
Date

*All contract types, for insurance purposes, are outlined in Technical Letter re: California State University Insurance Requirements