RISK MANAGEMENT IDENTIFICATION & ASSESSMENT
UNIVERSITY STUDENT UNION, INC. – CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Today's Date: _____

USU Contact Info:

- **Name:** _____
- **Extension:** _____
- **USU Dept:** _____

Vendor Name: _____

Name of Event: _____

Event Location: _____

Date of Event: _____

Anticipated Attendance: _____

Please answer all of the following questions.

1.   Describe the event's activities.

2.   Are any of the activities listed above inherently dangerous?
       Yes   No   (If yes, please explain below):

3.   Who could be harmed? Check all that apply.

              Students   Staff   Bystanders/Passersby   Vendor's Personnel

4.   What property could be damaged?

5.   Is there a potential pollution exposure?
       Yes   No   (If yes, please explain below):

<div align="center">**RISK MANAGEMENT ASSESSMENT**</div>

Based upon the preceding risk identification and evaluation, the USU is amending standard practices described in Executive Order No. 849 with regard to CSU insurance requirements.

<u>Definitions:</u>

GL = General Liability

AL = Automobile Liability

WC = Workers Compensation

PL = Professional Liability

Check all boxes that apply:

1.   **Exception to the insurance coverage requirement:**

      GL　　　**AL**　　　**WC**　　　**PL**　　　**All Insurance Coverage***

*Proceed to #5; there is automatically an exception to the AM Best rating, minimum insurance limits, and endorsement requirements when an exception to all insurance coverage is requested.

2.   **Exception(s) to the AM Best rating requirement:**

      GL　　　**AL**　　　**WC**　　　**PL**

3.   **Exception(s) to the insurance minimum limits:**

      GL　　　**AL**　　　**WC**

4.   **Exception(s) to the endorsement requirements**:**

      GL　　　**AL**

** Workers compensation and professional liability policies cannot be endorsed.

5.   **I am requesting an exception(s) based on the following reasons:**

Preparer's Name _____

Preparer's Signature _____　　**Date** _____

Exec. Director/designee Name _____

Exec. Director/designee Signature _____　　**Date** _____