

**DMS' Electronic Data Processing Equipment Insurance
Scientific & Medical Equipment Coverage Request Form**
(Policy 6619855)

Agency Name and Mailing Address	
<input type="text"/>	
Contact Person	Telephone Number
<input type="text"/>	<input type="text"/>

Name of Equipment
<input type="text"/>
Description of Equipment
<input type="text"/>

Is the Equipment Leased?* <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Dates of Lease
<input type="text"/>
Name and Address of Lessor
<input type="text"/>

**Owned items will only be afforded coverage for those perils outside the scope of the State Risk Management Trust Fund.*

Please email completed forms to the Department of Management Services for processing:

Michael Bailey, (850) 487-0417, Michael.Bailey@dms.myflorida.com