

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

Agency Name and Mailing Address	
Contact Person	Telephone Number

Name of Equipment	Value of Equipment
Description of Equipment	

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

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

Please send completed forms to the Division of State Purchasing for processing.