

TO: RISK MANAGEMENT OFFICE
Fax number: 808-586-0553

FROM: _____

REQUEST FOR STATEMENT OF SELF-INSURANCE

NAME OF SCHOOL/DIVISION/AGENCY

NAME _____

DATE _____

CONTACT NUMBER _____

FAX NO. _____

NAME OF ACTIVITY:

ADDRESS OF ACTIVITY:

DATE OF ACTIVITY:

TIME OF ACTIVITY: TO:

FROM:

NUMBER OF PARTICIPANTS AS APPLICABLE:

PLEASE PROVIDE A BRIEF EXPLANATION OF THE ACTIVITY AND HOW IT RELATES TO THE DEPARTMENT'S MISSION:

PLEASE ADDRESS THE STATEMENT OF SELF-INSURANCE TO:

NAME:

ADDRESS:

FAX NUMBER: