

**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:**