



Contract Remittance Cover Sheet

Please submit your contract to:
Cristene Boob, Risk Management Office
227 W. Beaver Avenue
103 Rider Building
State College, PA 16801
Phone: 814-865-0512 Fax: 814-865-4029

Risk Management Approval

Contract Performance Period (date) _____

A Certificate of Insurance is requested.

Special Notes: _____

Date Submitted: _____

Contract Return Information

Note: Contracts are not returned to outside company.

Admin. Area: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Mailing Address: _____

Notes from Risk Management:

- Please estimate a 7 – 10 days for processing.
- Contract reviewed/processed by Risk Mgmt. and then sent to an Assistant Treasurer for signature. (per policy FN11).
- Once contract has been signed, it will be returned to the contact listed to the left.
- If this is not a PSU contract, the Company will need to sign last. Please route all copies to the Company for their signature, a fully executed copy must be returned to you.
- You **MUST** keep a fully executed copy for the Official University Record. *Copies are not maintained by Risk Management or Assistant Treasurer.*

Brief description about the contract: _____

Company Name: _____

NOTE: Please provide complete mailing address for company if a Certificate of Insurance is requested.

Mailing Address: _____

It is your responsibility to keep a final executed copy for the Official University records. To determine how long contracts should be kept policy AD35 University Archives and Records Management should be reviewed at the following link: <https://guru.psu.edu/policies/AD35.html>. The University's General Retention Schedule (formerly Appendix 18) can be found at the following link: <https://guru.psu.edu/gfug/appendices/APP18.html>