

**MSU SCHOOL OF FILM AND  
PHOTOGRAPHY STUDENT**

# **Risk Management Plan**

- A. Title of Project:
- B. Name, Address & Telephone number for all principals to the project:
- C. Description of project, including risks and control measures:
- D. Dates:
- E. List of all locations, including risks and control measures:
- F. List of all non-MSU equipment or property to be used, including risks and control measures:
- G. List all means of transportation to be utilized, including risks and control measures:
- H. List of all Certificates of Insurance required/requested by the location(s) and/or property owners. Rental contracts or any other written contracts must be attached.
- I. Signatures are required by all principals of the project, including the course/project instructor and SFP Director.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Approval SFP Course/Project Instructor

\_\_\_\_\_

Date \_\_\_\_\_

Approval SFP Director

\_\_\_\_\_

Date \_\_\_\_\_

Upon Director approval, the course/project instructor should submit the Risk Management Plan to the designated/authorized individual at SFP:

Vicki Miller: (406) 994-2484 or [vmiller@montana.edu](mailto:vmiller@montana.edu)





# Certificate of Insurance Request Form

*\*Please fill out form electronically, print form, sign and send to SRM\**

*\*\*Please allow 10 business days for certificate processing\*\**

Safety & Risk Management  
Montana State University  
1160 Research Drive  
PO Box 170510  
Bozeman, MT 59717-0510  
406-994-2711  
406-994-7040 - Fax  
www.montana.edu/wwwsrn/

**Today's Date:**

**Submitter Information:**

Name:

Phone #:

E-mail Address:

**Requesting Agency:** (MSU Department, Group or Club)

Name (Dept/Group/Club/etc):

Contact Person (if other than submitting person):

Phone/E-mail:

**Certificate Holder Information:** ("Certificate Holder" is the person(s)/organization that is requiring proof of insurance.)

Name:

Mailing Address:

City:

State:

Zip:

Name of Event:

Date(s) of Event:

**Description of the events/activities/property:** For *events* and *activities* provide a brief description, including how the event falls within the course and scope of your agency and fulfills the mission of the state. For *Leased* and *rented properties*, (i.e., Computer equipment), include a description, serial number, and estimated replacement value of the property.

**Coverage does not apply to injury or damage arising out of the use of alcoholic beverages or from any other activity that is not in the course and scope of employment or fulfillment of the mission of the State of Montana. I hereby certify that this request for insurance coverage fulfills the mission of the State of Montana, falls within the course and scope of employments, and is in accordance with §2-9-305 MCA.**

\_\_\_\_\_  
Signed by Sponsor/Requestor

\_\_\_\_\_  
Date

**\*\*Please fax or email signed request form to SRM, fax: (406) 994-7040/ email: insurance@montana.edu\*\***

\_\_\_\_\_  
Signed by Safety & Risk Management-Montana State University

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Risk Management & Tort Defense Division-State of Montana

\_\_\_\_\_  
Date