

SPECIALTY UNDERWRITERS LLC

*Quote Form - The University of Oklahoma
Please submit one form for each piece of equipment.
Completed quote requests should be faxed to (414) 216-0336.*

Submission Date _____ Effective Date _____
Requested By _____

Facility Name The University of Oklahoma Facility Number TS5660
Account Executive Chad M. Frank Account Coordinator CL
Facility Contact _____

Department _____ Location _____
Name _____

Equipment Manufacturer _____ Model _____
Replacement Value _____ Serial Number _____
Equipment Description _____

Contract Vendor _____ Contract/Invoice Number _____
Contract/Invoice Price _____ Contract/Warranty Expiration _____
Warranty Expiration _____

Note: If a contract is not provided, equipment will be priced using National Averages and/or similar equipment pricing (policy provisions and endorsements prevail).

Additional Laboratory/Bio-Pharmaceutical Information

Specific Inclusions of Coverage _____
Specific Exclusions of Coverage _____
 PM Coverage Frequency & Hours _____

Additional Comments

Please include as much information as possible. For the quickest and most accurate quote, please attach a copy of the current maintenance contract. Estimated return time is 10 business days.