

# Workflow Automation Application



Presented by:  
Risk & Safety Services



QA Environment

Displaying

ALL

From Date:

mm/dd/yyyy

To Date:

mm/dd/yyyy

Submit

Reset

Tasks By Me



123

This Month

Completed By Me



102

This Month

Pending Approvals



42

This Month

To be claimed



7

This Month

Rejected



3

This Month

### Displaying Forms

Task ID	Form Title	Submitter	Current Stage	Assigned To	Date of Submission	Status	Action
182501	Unauthorized Purchase	Kiran Maheshwarapu	Controller	Kiran Maheshwarapu	07-06-2021 14:12	In Progress	<a href="#">View</a>
175472	Data Changes	Kiran Maheshwarapu	Fiscal Officer	Kiran Maheshwarapu	06-30-2021 09:00	In Progress	<a href="#">View</a>

## Navigate the Dashboard

- Tasks by Me: displays forms submitted by you as well as drafts

**UNIVERSITY OF CALIFORNIA**  
Agriculture and Natural Resources

QA Environment

Displaying: ALL | From Date: mm/dd/yyyy | To Date: mm/dd/yyyy | Submit | Reset

Tasks By Me: 23 | Completed By Me: 102 | Pending Approvals: 42 | To be claimed: 7 | Rejected: 3

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# Navigate the Dashboard

- Completed by Me: displays forms that you've already approved

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Tasks By Me: 123 This Month  
Completed By Me: 102 This Month  
**Pending Approvals: 42 This Month**  
To be claimed: 7 This Month  
Rejected: 3 This Month

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- Pending Approvals: displays forms that are waiting your approval

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Tasks By Me: 123 | Completed By Me: 102 | Pending Approvals: 42 | To be claimed: 7 | Rejected: 3

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# Navigate the Dashboard

- To be Claimed: is applicable to forms that are programmed to route to groups



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## Navigate the Dashboard

- Rejected: displays forms where changes / additional information may be required and resubmitted.



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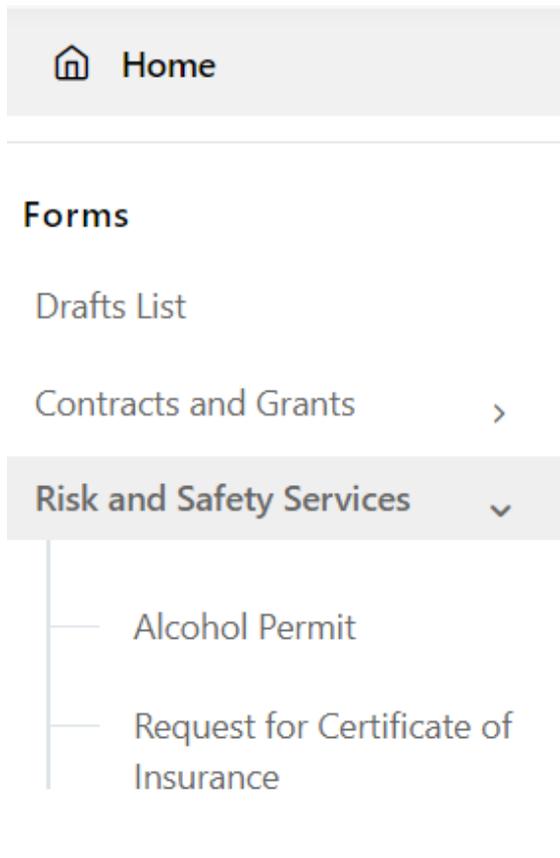
### Displaying Forms

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Navigate the  
Dashboard

➤ Displaying Forms

# Submit a Request for Certificate of Insurance



*Go to the Dashboard → Forms (from the left side of the screen) → Select Department → Displays all forms under the department*

- To be completed if you need to request a Certificate of Insurance for your event/activity with all the required documentation.
- The Risk Reviewer and/or Risk & Safety Services Director will review and approve/reject the form.

# Submit a COI form – Page 1

## Request for Certificate of Insurance

Print

### Request Details

Requesting Party or Preparer Name\*

Search more users

Phone Number\*

Email Address\*

Fax Number

Responsible Division Staff/Member(SOBO)\*

Department\*

Name of entity to whom certificate is to be issued\*

- Enter the Requesting Party or Preparer Name, Email Address, Phone number, Responsible Division Staff/Member (SOBO)
- Select the County/Department as applicable from the dropdown menu
- Enter the Name of Entity to whom the certificate is to be issued
- Scroll down to find more fields on this page

# Submit a COI form – Page 1 Cont'd.

Address Line 1\*

ZIP Code\*

State\*

Address Line 2

City

Save As Draft

Continue

- Enter the Address, City, State and Zip as these are all mandatory fields
- Select Continue button

# Submit a COI form – Page 2

## Request for Certificate of Insurance

Print

### Request Details

Start date and time of the facility use\*

mm/dd/yyyy, HH:MM

End date and time of the facility use\*

mm/dd/yyyy, HH:MM

Note: Times and dates are required if the party is asking to be named as additional insured.

Fill in Each Category for minimum Dollar Amount limits Required

Each Occurrence\*

\$

Personal and Advertising Injury\*

\$

Products and Completed Operations Aggregate

\$

General Aggregate

\$

Vehicles Owned, Non-owned and Hired\*

\$

Save As Draft

Back

Continue

# Submit a COI form – Page 2 Cont'd.

- Enter Start & End date and time to use the facility
- Enter the specific amounts of insurance requested
- Select Continue button

# Submit a COI form – Page 3

## Request Details

Is there an agreement that needs to be signed in order to secure the facility

Yes  No

If Yes, Please attach agreement/facility use,application.

If no, please complete Attachment D or Attachment E

Drag and drop files  
or click here

(These forms can be found on the ANR Risk Services website at <http://ucanr.edu/risk>)

Is the party requesting to be named as an additional insured?\*

Yes  No

- Select Y/N for agreement that needs to be signed in order to secure the facility
- If No, then you need to prepare Attachment D or E
- Select Y/N if the party is requesting to be named as additional insured (if different from above)
- Scroll down to find more fields on this page

# Submit a COI form – Page 3 Cont'd.

Please attach agreement with detailed times and dates

 Drag and drop files  
or click here

Name of the party asking to be named as additional insured (if different from above)

Name of the University group or activity (4-H Club, Master Gardeners, Symposiums, etc)\*

Type of Event( Meetings, Booth Rental, Conference , Parade Entry, etc.)\*

Comments

Save As Draft

Back Submit

- Enter the Name of party (if different from above), Name of the University group or activity (I.e. 4-H, Master Gardeners, etc.) and Type of Event
- Enter any additional information that you need to communicate to Risk Services.
- Click the "Submit" Button

# Questions?

Contact us at:

