



University of California, Santa Barbara

# Application for Domestic Transit Insurance

Prior Approval Form for Domestic Shipments over \$100,000 & Household Moves

### INSTRUCTIONS

Use the Application for Domestic Transit Insurance (aka: *Prior Approval Form for Domestic Shipments over \$100,000 & Household Moves*) to obtain prior approval from Office of Risk Management, Office of the President to insure domestic shipments valued in excess of \$100,000 and household moves under the University's transit self-insurance program. If required to accurately describe the property in transit, attach an itemized list with insured values to this Application. Attach associated Purchase Order(s). Submit completed form to UCSB Risk Management.

### DEPARTMENT

Date of Request: \_\_\_\_\_ Campus: **SANTA BARBARA** UCSB P.O. No. (attach copy): \_\_\_\_\_  
 Department: \_\_\_\_\_ Dept. Account No.: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Dept. Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Ph: \_\_\_\_\_

### SHIPPING INFORMATION

Shipping Date: \_\_\_\_\_ Packed by: \_\_\_\_\_ Ph: \_\_\_\_\_  
 Shipment from: \_\_\_\_\_ Shipment to: \_\_\_\_\_  
 Common Carrier: \_\_\_\_\_ Address: \_\_\_\_\_ Ph: \_\_\_\_\_

If being shipped on more than one vehicle, describe:

### DESCRIPTION OF PROPERTY

Shipping Weight: \_\_\_\_\_ No. of Containers: \_\_\_\_\_ Highest Value of Any One Container: \_\_\_\_\_  
 Is Property New or Used:  new  used Total Value of Shipment: \_\_\_\_\_  
 Type of Equipment: \_\_\_\_\_

Description of Property (Provide detailed breakdown of values; use attachments if necessary; attach P.O.):

### CAMPUS REVIEW & APPROVAL

Buyer: \_\_\_\_\_ Date: \_\_\_\_\_ Ph: \_\_\_\_\_  
 Insurance/Risk Management: \_\_\_\_\_ Date: \_\_\_\_\_ Ph: \_\_\_\_\_

### OP RISK MANAGEMENT REVIEW & APPROVAL

Requirements and Conditions of Approval:

Rate Applied: \_\_\_\_\_ per \$100 of value. Total Amount Insured: \_\_\_\_\_ Total Premium: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Ph: \_\_\_\_\_