

**Domestic Transit Risk Program Prior Approval Form
(One week notice) To be used for
Domestic Shipments over \$100,000**

Date of request: _____ Campus: San Diego

P.O. /Shipping Request no.: _____ B/L or Air Bill no.: _____

Merchandise: _____

Shipping/Sail date: _____ Name of ship: _____

Shipping weight: _____ Value/Amount: _____

Shipment from: _____ To: _____

Name of common carrier: _____

Packed by: _____ No. of containers: _____

Equipment (new or used): _____

Highest value of any one container: \$ _____ Index/Fund/ORG #: _____

Description of property — Provide breakdown of values/attach listing or P.O. if possible. If being shipped on more than one vehicle/carrier, please describe:

Requested by (contact/phone/mail code):

Approved by (Risk Manager):

TO BE COMPLETED BY BROKER OR OFFICE OF THE PRESIDENT, RISK MANAGEMENT

Requirements/Conditions of Approval:

Approved by: _____ Date: _____

Rate applied: \$ _____ Total amount insured: _____

Premium calculation: _____
