

# UCSD MARINE INSURANCE CHANGE FORM



Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department Name: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Department Budget Contact: \_\_\_\_\_ Extension: \_\_\_\_\_

Department Vessel Contact: \_\_\_\_\_ Extension: \_\_\_\_\_

Index # \_\_\_\_\_ / Fund # \_\_\_\_\_  
(ABCD123) (12345A)

## ACTION REQUESTED

Addition

Deletion

Change / correction in Value / Description / Registration / License # / UCID# \*\*

\*\* Give corrected information below in "Description of Vessel / Motor / Trailer" section

Effective Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_ (This date cannot be earlier than the date of this request.)

## DESCRIPTION OF VESSEL / MOTOR / TRAILER

Vessel \_\_\_Power \_\_\_Non-power \_\_\_Kayak \_\_\_Sailboard \_\_\_Shell

Motor \_\_\_Inboard \_\_\_Outboard \_\_\_\_\_Horsepower (HP)

Boat Trailer License Plate # \_\_\_\_\_

Length of Vessel \_\_\_\_\_ft.

Length of Boat Trailer \_\_\_\_\_ft.

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

CF# \_\_\_\_\_ Current Value \$ \_\_\_\_\_

UCID# \_\_\_\_\_ Name of Vessel (if any) \_\_\_\_\_

(Revised 5-14-10)



Fax form to Risk Management @ (858) 534-5202 or email to [ehsrisk@ucsd.edu](mailto:ehsrisk@ucsd.edu)