UBC Risk Management Services - Insurance

**REQUEST FOR CARGO TRANSIT INSURANCE**

To obtain insurance coverage for items that must be shipped, fill in this word form; save the document and email to: insurance.ubc@ubc.ca. All fields must be completed

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| --- | --- |
| *What is covered?** Large value goods and equipment owned or borrowed by UBC.
* Coverage is only for direct physical damage or loss to shipments while in transit.
 | *What is not covered?** Dangerous goods (see Transport Canada Class 1, 2, 6 & 7)
* Goods shipped by regular mail
* Goods damaged from improper or inadequate packing
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*Your Contact and Department Information*

|  |  |
| --- | --- |
| Your NameLast name., First name  | Your Work TitleClick here to enter text  |
| UBC Department, School, or FacultyClick here to enter text |
| UBC Department AddressRoom Number & Street Name City Postal Code |
| PhoneClick to enter number | FaxClick to enter number |
| EmailClick to enter email | Speed Chart (Departmental Billing) Click to enter number |

*Shipment Information*

|  |  |
| --- | --- |
| Type of EquipmentClick to enter text  | Value of EquipmentClick here to enter text  |
| Shipping AgencyClick to enter text | Shipping DateClick here to enter a date |
| Shipping Route[ ]  One Way [ ]  Round Trip |
| DestinationRoom Number & Street Name City Postal or Zip Code Country |