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](mailto: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 |

*Your Contact and Department Information*

|  |  |
| --- | --- |
| Your Name  Last name., First name | Your Work Title  Click here to enter text |
| UBC Department, School, or Faculty  Click here to enter text | |
| UBC Department Address  Room Number & Street Name City Postal Code | |
| Phone  Click to enter number | Fax  Click to enter number |
| Email  Click to enter email | Speed Chart (Departmental Billing)  Click to enter number |

*Shipment Information*

|  |  |
| --- | --- |
| Type of Equipment  Click to enter text | Value of Equipment  Click here to enter text |
| Shipping Agency  Click to enter text | Shipping Date  Click here to enter a date |
| Shipping Route  One Way  Round Trip | |
| Destination  Room Number & Street Name City Postal or Zip Code Country | |