

THE UNIVERSITY OF TEXAS AT AUSTIN

Ocean Cargo Insurance Request

Fax completed request to 471-1651 • Attn: Office of the Controller

Beginning trip date (or bill of lading date): _____ Returning trip date: _____

Purchasing temporary equipment insurance now?

() Yes Submit [Insurance Request Form](#) in addition to this Ocean Cargo Insurance Request form.

Type a line on the insurance request form stating: "OCEAN CARGO INSURANCE ALSO NEEDED."

() No Date equipment insurance added: _____ Select one: () temporary or () annual

Account for ocean cargo ins. premium: _____ Total insured value of shipment: _____

Department contact: _____ Phone: _____

Conveyance: () airplane AND / OR () boat

If boat, select what applies: () on deck () below deck () closed container () towed

If towed, select one: () water surface or () underneath the water / depth (estimate in feet or meters) _____

List more than one beginning location if there are two parts (legs) to the trip (attach sheet for more legs):

Outgoing Voyage

Return Voyage

Beginning location 1: _____

Beginning location: _____

Ending location 1: _____

Ending location: _____

Beginning location 2: _____

Beginning location: _____

Ending location 2: _____

Ending location: _____

Type of equipment insured: () scientific equipment () other, list _____

Description of trip: _____

Office use only: Water-borne coverage needed over \$500,000? () Yes () No