TRANSIT INSURANCE SHIPMENT INFORMATION FORM

Please fill out the information below and send the completed form via e-mail to Candy Walters, cwalters@uchicago.edu who will process a JE to charge the premium.

Today’s Date: ________________________________

Department Name: __________________________________________

Contact Person: Name: _______________________________________
Phone: __________________________________________
Fax: __________________________________________
Email: __________________________________________

Shipment Departure Date: ______________________________________

Shipment Sent From: __________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Is Shipment: ________ Domestic ________ International
($.001/dollar)                      ($.0015/dollar)

Method of Shipping: ________ Air ________ Ship

________ Land ________ Other (state type)

Shipment Sent To: __________________________________________
________________________________________________________________
________________________________________________________________

Is Shipment: ________ One-Way ________ Round Trip
(premium X 1)                      (premium X 2)

Contents of Shipment:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Value of Shipment: __________________________________________

Name of Shipping Company*: ______________________________________

FAS Account Number for Premium Charge: __________________________

*Please note: Fragile items cannot be shipped UPS or FedEx.