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 ($.001/dollar) _____ International ($.0015/dollar)

Method of Shipping: _____ Air _____ Ship

_____ Land _____ Other (state type)

Shipment Sent To: _____
_____
_____
_____

Is Shipment: _____ One-Way (premium X 1) _____ Round Trip (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.