

**THE UNIVERSITY OF TEXAS AT AUSTIN**

**Ocean Cargo Insurance Request**

Fax completed request to 471-2689 • Attn: Office of Accounting Risk Management  
or e-mail request to [oa.riskmgt@austin.utexas.edu](mailto:oa.riskmgt@austin.utexas.edu)

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_