

**UNIVERSITY OF CALIFORNIA  
PROPERTY SELF-INSURANCE PROGRAM  
TRANSIT (BUS-28 COVERAGE C)**

**PRIOR APPROVAL FORM (OVER 100,000 AND HOUSEHOLD MOVES)**

Date of Request: \_\_\_\_\_ Campus: \_\_\_\_\_

P.O./Shipping Request No.: \_\_\_\_\_ B/L or Air Bill No.: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_ Shipping Date: \_\_\_\_\_

Shipping Weight: \_\_\_\_\_ Value/Amount: \_\_\_\_\_

Shipment From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Common Carrier: \_\_\_\_\_

Packed By: \_\_\_\_\_ No. of Containers: \_\_\_\_\_

Highest Value of Any One Container: \$\_\_\_\_\_ Equipment: New or Used (Circle One)

Description of Property (provide breakdown of values/attach listing or P.O., if possible). Note: High value shipments should be broken down into multiple containers, if possible. If being shipped on more than one vehicle or special vehicle such as an air-cushioned ride van, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dept. and Acct. # to be Recharged: \_\_\_\_\_

Requested by: \_\_\_\_\_

Buyer

Campus Risk Manager

**To be completed by Office of Risk Management, Office of the President**

Requirements/Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Rate Applied: \$\_\_\_\_\_ Total Amount Insured: \$\_\_\_\_\_

PREMIUM: \$\_\_\_\_\_

Original to: Office of Risk Management, Office of the President

Retention Period: Record Copy, Office of the President, Risk Management Office: 2 years after expiration  
11/21/91 Other Copies: 2 years after expiration