EXHIBIT B

DOMESTIC TRANSIT RISK PROGRAM
Prior Approval Form (One week notice)
To be used for Domestic Shipments over $100,000

Date of Request: ____________________________ Campus: SAN DIEGO
P.O./Shipping Request #: _______________________ B/L or Air Bill #: _______________________
Merchandise: ________________________________
Shipping/Sail Date: __________________________ Name of Ship: _____________________________
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): ______________________
INDEX/FUND/ORG #: __________________________
Description of Property—provide breakdown of values/attach listing or P.O. if possible. If being shipped on
more than one vehicle/carrier, please describe: ____________________________

________________________________________
Requested By:
(Contact) (Phone) (Mail Code)

Approved By: ________________________________
Risk Manager

TO BE COMPLETED BY BROKER OR OFFICE OF THE PRESIDENT, RISK MANAGEMENT
Requirements/Conditions of Approval: __________________________

Approved By: ________________________________ Date: ______________________________
Rate Applied: $ ______________________________ Total Amount Insured: $ __________________
PREMIUM CALCULATION: ____________________________

(Revised 7-31-92)