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

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TO BE COMPLETED BY BROKER OR OFFICE OF THE PRESIDENT, RISK MANAGEMENT

Requirements/Conditions of Approval: __________________________________________

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Approved By: __________________________ Date: __________________________
Rate Applied: $ __________________________ Total Amount Insured: $ __________________________

PREMIUM CALCULATION:

________________________________________________________________________

(Revised 7-31-92)