



Inland Marine Insurance Form

Coverage Start Date: _____ **Coverage End Date:** _____

Check this box if you're requesting for a Quote

Equipment Description (make, model, serial number)

Value (USD)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

****Minimum Deductible: \$1,000.00** **Total Insurance Value (USD):** \$ _____

If a traveler is bringing equipment to an international travel, provide responses to the following questions.

- How are the equipment being transported on the plane (i.e. carry on)?

- When equipment is/are not in use in the foreign country, how will they be stored?

Contact Name: _____

Phone: _____ **Email:** _____

Department: _____

Department Chartfield Account Number:

660812 - _____ - _____ - _____ - _____ - _____
Account Fund DeptID Program Class Project

Email form to Aimee Arica (amarica@sfsu.edu), or in-person in Administration 260 ten business days before the coverage start date. Recharges are processed after receipt of the quarterly Inland Marine Insurance invoice from the University's insurance administrator, which is usually the following month of each quarter. If you have questions, contact Aimee Arica at 415.338.7191, or amarica@sfsu.edu