



INLAND MARINE PROPERTY INSURANCE APPLICATION

Please fill in the information below. For questions, please call 756-5455.
 Email completed form to Risk Management: riskmanagement@calpoly.edu.

CONTACT INFORMATION

Department : _____

Contact: _____

Phone Number: _____ Email Address: _____

PROPERTY INFORMATION

Property Description: _____
 (Include Make/Model and Value)

Date(s) of Coverage: _____ to _____

Property Description: _____
 (Include Make/Model and Value)

Dates of Coverage: _____ to _____

Property Description: _____
 (Include Make/Model and Value)

Dates of Coverage: _____ to _____

For additional items, please complete a separate application.
 If insurance is required by contract, please attach with the application.

CHARTFIELD TO BE CHARGED FOR INSURANCE PREMIUM

Fund	Account	Dept ID	Program	Project	Class	Allocation %

This must be completed before Insurance will be quoted or bound.