



Inland Marine Property Insurance Quotation Form

THIS FORM IS TO BE USED WHEN SCHEDULING PROPERTY FOR INLAND MARINE INSURANCE COVERAGE.

Department: _____ Phone: _____

Item Description: _____

Make/Model: _____

Serial Number of Item: _____ Value: _____

Quote: (completed by Risk Management): _____

Department: _____ Phone: _____

Item Description: _____

Make/Model: _____

Serial Number of Item: _____ Value: _____

Quote: (completed by Risk Management): _____

Department: _____ Phone: _____

Item Description: _____

Make/Model: _____

Serial Number of Item: _____ Value: _____

Quote: (completed by Risk Management): _____

Requester: _____ Date: _____

Print Name: _____

(Please allow at least 7 days for a quotation. If you choose to accept the quotation and insure the property the requesting department will be charged the premium on a quarterly invoice. Department will need to supply the accounting chart fields).

Send to:

Insurance and Risk Management
18111 Nordoff Street – Mail 8284
Northridge, CA 91330-8284
(818) 677-2079 risk@csun.edu