**Goods in transit insurance cost form**

To obtain a quotation for the cost of this insurance, please complete the following and e-mail to [insurance@exeter.ac.uk](mailto:insurance@exeter.ac.uk)

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Contact number |  | |
| Description of item to be transported |  | |
| Replacement cost of item to be transported |  | |
| Outward/first journey:  Date and starting place of journey  Date and ending place of journey | Date | Place |
| Date | Place |
| Method of transport (eg UK post/UK courier/air freight/marine freight) |  | |
| Return leg (if applicable)  Date and starting place of journey  Date and ending place of journey | Date | Place |
| Date | Place |
| Method of transport (eg UK post/UK courier/air freight/marine freight) |  | |