

SINGLE TRIP TRANSIT INSURANCE REQUEST FORM

Date of Departure: _____ Name of Shipper: _____

Type of Coverage: All Risk FPA

Include War, Strikes, Riots and Civil Commotion: Yes No

Commodity: New Used Containerized Non-Containerized

Specific Description of Cargo:

Insured Values: Invoice \$ _____ Freight Charges _____ 10% _____

Total Amount Insured: \$ _____

City of warehouse where coverage is to begin: _____

City of warehouse where coverage is to end: _____

Vessel Name and Voyage # / Airline and Flight #: _____

Bill of Lading #: _____ Reference #: _____

Name of Assured/ Consignee (claims to be paid to): _____

Attach L/C wording to appear on certificate.

Your Company Name: _____

Your Name: _____

Email Address: _____