

# Bulk Cargo Transport Insurance Certificate

**Certificate No.:**

**Date of Issue:**

**Consignee:**

**Consignor:**

## FREIGHT FORWARDER DETAILS

**Company Name:**

**Address:**

**Contact Person:**

**Contact Number:**

## CARGO & TRANSPORT DETAILS

**Description of Cargo:**

**Quantity / Weight:**

**Mode of Transport:**

**From (Origin):**

**To (Destination):**

**Estimated Date of Departure:**

**Estimated Date of Arrival:**

## INSURANCE DETAILS

**Sum Insured:**

**Insurer:**

**Policy No.:**

**Coverage:**

**Deductible / Excess:**

**Valid From:**

**Valid Until:**

## REMARKS

**Authorized Signatory:**

**Date:**

*This certificate is issued as evidence of insurance only and confers no rights on the holder.*

