

Combined Transport Insurance Certificate

for Multimodal Logistics Consignment

Certificate No.	Issue Date
Policy No.	Claim ID (if any)
Consignor	Consignee
Consignor Address	Consignee Address
Notify Party	Insured

Shipment & Transport Details

Place of Receipt	Place of Delivery
Mode(s) of Transport	Vessel/Flight/Vehicle No(s)
Port of Loading	Port of Discharge
Bill of Lading / AWB No.	Date of Issue

Cargo Description & Insurance

Description of Goods	
No. of Packages	Gross Weight
Insured Value	Currency
Premium	Sum Insured
Coverage	

Special Terms and/or Clauses

Note: This certificate is issued as evidence of insurance only and is subject to the terms, conditions and limitations of the policy. In case of claim, immediate notice must be given to the insurer and full documentation must be provided.
This certificate does not confer rights to a third party beyond those stated in the insurance contract.

Name & Signature of
Authorized Insurer

Date: _____