

# CROSS-BORDER TRANSPORT INSURANCE CERTIFICATE

**Certificate No.:**

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**Insured Party:**

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**Carrier:**

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**Consignee:**

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**Description of Goods:**

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**Transport Details:**

Mode of Transport	Origin	Destination	Date of Commencement	Estimated Arrival Date

**Sum Insured:**

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**Policy Coverage:**

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**Exclusions:**

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**Special Conditions/Remarks:**

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**Authorized Signature**

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**Name**

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**Date Issued**

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This document certifies that the above-mentioned goods are insured against risks as detailed above during international transportation, subject to the terms and conditions of the insurance policy.