

Marine Transport Insurance Certificate Form

1. INSURED (SHIPPING COMPANY) DETAILS

Company Name

Address

Contact No.

Email

2. VESSEL AND VOYAGE DETAILS

Vessel Name

IMO Number

Port of Loading

Port of Discharge

Sailing Date

3. CARGO DETAILS

Description of Goods

Quantity / Weight

Number of Packages

Cargo Value (in Currency)

Currency

4. INSURANCE COVERAGE

Type of Cover

Period of Insurance

Special Conditions / Remarks

5. DECLARATION

I hereby declare that the particulars stated above are true and correct to the best of my knowledge and belief.

Authorized Signature

Name & Position

Date