

Parcel Delivery Insurance Certificate

Certificate for Insured Courier Deliveries

Certificate No.

Insured Courier Details

Courier Name _____
Courier Address _____
Contact Number _____
Courier Company (if applicable) _____

Parcel & Delivery Information

Parcel Description _____
Declared Value _____
Delivery Date _____
Origin _____
Destination _____

Insurance Details

Insurance Provider _____
Policy Number _____
Coverage Amount _____
Coverage Period From: _____ To: _____
Type of Coverage _____
Special Conditions _____

Remarks (if any)

Authorized Signature

Name: _____
Date: _____

Courier Signature

Name: _____
Date: _____

This certificate verifies that the above-mentioned parcel has been insured for delivery as per the insurance provider's terms and conditions.

This document is valid only when signed by both courier and the authorized representative.