

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.