

Road Freight Insurance Certificate

Certificate No:

Date of Issue:

____ / ____ / ____

Insured

Name:

Address:

Logistics Company (Consignor)

Name:

Contact:

Consignee

Name:

Contact:

Cargo Details

Description of Goods	_____
Packing Details	_____
Quantity	_____
Declared Value	_____
Origin	_____
Destination	_____

Coverage and Conditions

Age of Policy	_____
Risk Covered	Road Freight “All Risks (unless otherwise stated)”
Limit of Liability	_____
Deductible	_____
Period of Insurance	From: ____ / ____ / ____ To: ____ / ____ / ____
Additional Conditions	_____

Remarks

Authorized Signature

Date: ____ / ____ / ____

Insurer's Stamp