

Transit Insurance Certificate

Warehousing & Distribution

Certificate No: _____

Date Issued: ____ / ____ / ____

1. Insured Details

Name of Insured

Address

Contact Person

Phone / Email

2. Goods Information

Description of Goods

Quantity / Weight

Packing

Declared Value

3. Transit Details

Point of Origin

Destination

Mode of Transport

Period of Insurance

From: ____ / ____ / ____ To: ____ / ____ / ____

Warehouse Location

4. Insurance Coverage

Type of Cover

Sum Insured

Deductible / Excess

Special Conditions

5. Declaration

This is to certify that the above mentioned goods are insured under our Policy, subject to the terms, conditions and exclusions contained therein. This certificate is issued as evidence of insurance for transit and/or warehousing within the scope described above.

Authorized Signature:

For and on behalf of the Insurer

