

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

