

Inland Transit Insurance Coverage Statement

Policy Number: _____

Insured Name: _____

Insured Address: _____

Transit Details: _____

Period of Insurance: _____

Goods Insured: _____

Sum Insured: _____

Coverage

This is to certify that the goods described above are insured against loss or damage while in transit by land within the territorial limits stated in the policy, subject to the terms, conditions, and exceptions of the Inland Transit Insurance Policy.

Major Exclusions

- Losses caused by willful misconduct of the Insured
- Loss of or damage to goods due to insufficient or unsuitable packaging
- Normal wear and tear, gradual deterioration
- Loss from delay, loss of market, or consequential loss of any kind
- War risks and strikes unless specifically insured

Conditions

- All claims must be notified to the insurer within 7 days of the occurrence.
- The insured must take reasonable measures to avert or minimize loss.
- Insurance is subject to the policy's terms and conditions.

Date Issued: _____

Authorized Signature: _____