

Marine Insurance Certificate

Certificate No: _____
Date of Issue: _____

Policy No: _____
Issued At: _____

Assured:

Consignee:

Notify Party:

Vessel / Conveyance: _____
Sailing / Departure Date: _____

Port of Loading: _____
Port of Discharge: _____
Final Destination: _____

Marks & Numbers:

Package Type & Number:

Description of Goods:

Sum Insured	Currency	Premium
_____	_____	_____

Insurance Cover:

Claim Payable At: _____

Special Conditions (if any):

For and on behalf of the Insurer

Authorized Signature & Stamp