

Export Cargo Marine Insurance Certificate

Certificate No.: _____

Date of Issue: _____

Assured (Insured Party)

Name	_____
Address	_____

Consignee

Name	_____
Address	_____

Details of Cargo

Description of Goods	_____
Packing	_____
Weight/Quantity	_____
Invoice Number	_____
Invoice Amount	_____
Insured Value	_____
Currency	_____

Shipment Details

Port of Loading	_____
Port of Discharge	_____
Final Destination	_____
Means of Conveyance	_____
Vessel/Flight No.	_____
B/L or AWB No.	_____
Date of Sailing/Flight	_____

Insurance Details

Type of Cover	_____
Risk Covered	_____

Policy/Reference No.	_____
Premium	_____
Period of Insurance	_____

Loss Payee (if any)

Name/Bank	_____
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Note: This certificate is issued as evidence of insurance cover subject to all terms, conditions and exclusions of the policy and/or open cover as specified by the insurer.

Authorized Signature
For & on behalf of the Insurer
Seal