

# Marine Cargo Insurance Certificate

Certificate No: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

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## Assured / Insured

Name:

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Address:

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## Shipment Details

Consignee:

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Destination:

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Place of Receipt:

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Final Destination:

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Conveyance / Vessel:

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Voyage No. / Flight No.:

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## Cargo Details

Description of Goods:

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Quantity / Weight:

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Packing:

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Marks & Numbers:

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Invoice Value:

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## Insurance Details

Sum Insured:

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Premium:

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Policy / Cover Note No.:

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Terms & Conditions:

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**Remarks**

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Authorized Signature

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Stamp of Insurance Company

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This certificate is issued as evidence of insurance and subject to the terms and conditions of the policy.