

[Insurance Company Name]

[Company Address Line 1]

[City, State, ZIP]

MARINE INSURANCE POLICY CERTIFICATE

Policy Number:

Certificate Number:

Date of Issue:

Period of Insurance:

Assured:

Address:

Vessel or Conveyance:

Voyage/Transit:

Departure Date:

Goods or Merchandise Description	Quantity/Weight	Sum Insured

Basis of Valuation:

Premium:

Conditions and Clauses:

For and on behalf of the Insurer

Assured's Signature

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

[This document has no commercial value unless countersigned by the Insurer's authorized official]