

# Maritime Goods Insurance Certificate

Certificate Number: \_\_\_\_\_

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

Insured Name: \_\_\_\_\_

Insured Address: \_\_\_\_\_

Consignee: \_\_\_\_\_

Consignee Address: \_\_\_\_\_

## Shipment Details

Vessel Name / Voyage No.: \_\_\_\_\_

Port of Loading: \_\_\_\_\_

Port of Discharge: \_\_\_\_\_

Place of Delivery: \_\_\_\_\_

Marks and Numbers: \_\_\_\_\_

Description of Goods: \_\_\_\_\_

Quantity / Weight: \_\_\_\_\_

Invoice Number / Date: \_\_\_\_\_

## Insurance Details

Sum Insured: \_\_\_\_\_

Premium: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Coverage: \_\_\_\_\_

Conditions: \_\_\_\_\_

## Remarks

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Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

*This certificate is issued as evidence of insurance only and does not amend, extend, or alter the coverage afforded by the policy.*

