

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

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.

