

Sea Cargo Insurance Certificate Form

Certificate No.

Date Issued

Assured (Insured) Details

Name

Address

Cargo Details

Description of Goods

No. of Packages

Gross Weight

Sum Insured (Amount)

Currency

Voyage Details

From (Port of Loading)

To (Port of Discharge)

Transshipment Port(s)

Conveyance (Vessel/Flight No.)

Sailing Date

Consignee Details

Name of Consignee

Address of Consignee

Additional Information

Remarks / Special Instructions

For Office Use

Authorized By

Signature

Date