

Vessel Cargo Insurance Certificate

Policy No.: _____

Certificate No.: _____

Date of Issue: _____

Insured

Name: _____

Address: _____

Shipment Details

Vessel Name: _____

Voyage / Route: _____

Port of Loading: _____

Port of Discharge: _____

Nature of Cargo: _____

Insured Amount: _____

Insurance Coverage

Period of Insurance: _____

Covers:
.....
.....

Conditions:
.....
.....

Remarks

Authorized Signature

Seal / Stamp