

Marine Insurance Policy Assignment Form

Policy Number _____

Date of Issue _____

Name of Insured/Assignor _____

Address of Insured/Assignor _____

ASSIGNEE INFORMATION

Name of Assignee _____

Address of Assignee _____

ASSIGNMENT DETAILS

Consideration / Value Received _____

Date of Assignment _____

Remarks _____

Declaration

I/We, the undersigned, hereby assign all rights, title and interest in the above-mentioned Marine Insurance Policy to the assignee specified above.

Signature of Assignor

Signature of Assignee

Date _____