



MARINE CARGO CERTIFICATE REQUEST FORM

- 1.) **Insured Name** _____
- 2.) Address _____
- 3.) **Consignee Name** _____
- 4.) Address _____
- 5.) Your Reference Number _____
- 6.) **Shipment Date** _____
- 7.) Issue Date (if L/C requires) _____
- 8.) **Origin** _____
- 9.) **Country of Origin** _____
- 10.) Port of Loading _____
- 11.) **Final Destination** _____
- 12.) **Country of Final Destination** _____
- 13.) Port of Destination _____
- 14.) **Commodity (New/Used, Full Description)** _____

- 15.) **Total Insured Value (CIF + 10%)** _____
- 16.) **Conveyance (Air, Ocean, Domestic)** _____
- 17.) Name of Conveyance _____
- 18.) Additional Carrier Info _____
- 19.) Marks & Number _____
- 20.) Pieces & Weights _____

ITEMS IN BOLD MUST BE FILLED TO COMPLETE CERTIFICATE OF INSURANCE.