REQUEST FOR SINGLE SHIPMENT CARGO INSURANCE

○ QUOTE ◉ ISSUE CERTIFICATE

1. **Your Company Name:** _____

2. **Your Email Address:** _____

3. **Phone No.:** _____ 4. **Fax No.:** _____

5. **Payable to:** _____

6. **Value of Goods to be Insured: $** _____ **(should be CIF +10%)**

7. **Description of Goods:** _____

_____

8. **Condition of Goods:** ○ **New** ○ **Used** **(check one)**

9. **Packing Details:** _____

10. **Goods shipped FROM:** _____
City, State and/or Country Port of Departure

11. **Goods shipped TO:** _____
City, State and/or Country Port of Arrival

12. **Name of Airline / Steamship Line & Vessel:** _____

Airway Bill No.: _____ **Voyage No.:** _____

13. **Does the voyage contain Trucking?** ○ **Yes** ○ **No** 14. **Is this for Letter of Credit:** ○ **Yes** ○ **No**
(If so, provide copy of L/C)

15. **Date of Departure:** _____

16. **Signature:** _____ 17. **Print Name:** _____

18. **Today's Date:** _____

SUBMIT BY EMAIL

This form is for quoting purposes only. It is not a policy/contract. It does not modify, supersede nor change the policy in any way. This request for a quote or to issue certificate does not guarantee coverage is being afforded. Coverage is only provided when certificate is issued and premium is paid. Certificates are issued subject to all terms, limitations, deductibles and conditions of the Master Policy. All claims are subject to the terms and conditions of the Master Policy on the date the certificate is issued. For complete policy information refer to the policy document (available upon request). Receipt of the quote form via fax or email to our office does not guarantee coverage. Should you fail to make payment as due, your policy may be cancelled. Insured agrees that if a payment is not honored when presented to the bank there will be a $20.00 fee. In the event International Insurance Center has to engage an attorney or take collection action to collect any unpaid balance, the insured agrees to pay any and all reasonable and necessary collection costs as allowed by State Law.

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FOR OFFICE USE ONLY

Premium quote: _____ **CAT Surcharge:** _____ **Total Premium:** _____

Special Project required: ☐ **or** ☐ **Special Project No.:** _____

Terms/Conditions of coverage:

- ◉ All Risk - Warehouse to Warehouse Coverage
- ○ All Risk - Warehouse to Customs Warehouse coverage, not exceeding 7 days, at customs warehouse point of entry. Subject to 3% min $500 deductible of total insured value.
- ○ All Risk - Warehouse to Customs Warehouse coverage, not exceeding 72 hours, at customs warehouse point of entry. Subject to 2% min $250 deductible of total insured value.
- ○ FPA Coverage Only
- ○ Other

Quoted on: _____ **Quoted by:** _____ **Issued:** _____ **Cert #:** _____

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