



## CARGO INSURANCE FORM

### BENEFICIARY INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

### SHIPMENT TYPE

Ocean \_\_\_\_\_ Air \_\_\_\_\_ Ground \_\_\_\_\_ Condition: Used: \_\_\_\_\_ New: \_\_\_\_\_

### MODE OF TRANSPORTATION

FCL \_\_\_ LCL \_\_\_ Truck \_\_\_ Special Equipment \_\_\_ Break Bulk \_\_\_ Palletized \_\_\_ Crated \_\_\_

### ROUTE

Origin: City \_\_\_\_\_ Country \_\_\_\_\_

Destination: City \_\_\_\_\_ Country \_\_\_\_\_

AWB/Bill of lading/Booking: \_\_\_\_\_

Commodity: \_\_\_\_\_

Letter of credit: Yes \_\_\_\_\_ No \_\_\_\_\_

Merchandise Value: \_\_\_\_\_