



CARGO INSURANCE FORM

Beneficiary

Name:
Address:
City:
Country:

Shipment Type

Ocean ☐ Air ☐ Ground ☐

Condition

New ☐ Used ☐

Mode of Transportation

FCL ☐ LCL ☐ Truck ☐ Break Bulk ☐

Origin

Country City

Destino

Country City

Bill of Landing or Booking Number

Commodity

Is this a letter of credit?

Yes ☐

No ☐

Insurance Amount