



CARGO INSURANCE APPLICATION

Date: _____

NAME & ADDRESS OF ASSURED

TEL/FAX/E-MAIL: _____

NAME & ADDRESS OF SHIPPER

TEL/FAX/E-MAIL: _____

NAME & ADDRESS OF CONSIGNEE

TEL/FAX/E-MAIL: _____

FREIGHT

DESCRIPTION: _____

INSURED AMOUNT: USD \$ _____

INVOICE, INCLUDING CHARGES, PLUS OCEAN FREIGHT, PLUS 10%

PACKING - DESCRIBE IN DETAIL (Enclose pictures and diagrams of packing, if available)

TRANSPORT INFORMATION

ORIGIN CITY, STATE & COUNTRY: _____

DESTINATION CITY, STATE & COUNTRY: _____

MODE OF TRANSPORT

AIRFREIGHT

OCEAN FREIGHT

INLAND FREIGHT

AUTHORIZATION

I AUTHORIZE INSURANCE BASED ON THE ABOVE INFORMATION PROVIDED AND AGREE TO PAY THE CORRESPONDING PREMIUM

PRINT NAME: _____

SIGNATURE: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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