



Service is a universal language

Request for Single Shipment Cargo Insurance

Date _____

Company

Name _____

Phone Number _____

Fax Number _____

Contact Name _____

Payable

to _____

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

Description of

Goods _____

Goods to be covered from _____

to _____

Name of Carrier _____

Shipping Date _____

Quote _____

Issue Certificate _____

Is this for Letter of Credit ___ **Yes** ___ **No**

This quote form contains only a general description of coverages, special terms and conditions. It does not constitute a policy/contract. All claims will be subject to the terms and conditions in the Master Policy on the date the certificate was issued. For complete policy information refer to policy document.

Please fax this form to 866-594-7611

administration@aerocargo.net