

## Single Trip Transit Insurance Request Form

Date of Departure: \_\_\_\_\_ Name of Shipper: \_\_\_\_\_

Type of Coverage:       All Risk                       FPA

Include War, Strikes, Riots and Civil Commotion:       Yes       NO

Commodity:                       New                       Used  
    Containerized                       Non-Containerized

Specific Description of Cargo:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insured Value:      Invoice \$ \_\_\_\_\_ Freight Charges \$ \_\_\_\_\_ 10% \$ \_\_\_\_\_

Total Amount Insured: \$ \_\_\_\_\_

City of warehouse where coverage is to begin: \_\_\_\_\_

City of warehouse where coverage is to end: \_\_\_\_\_

Vessel Name and Voyage # / Airline and Flight #: \_\_\_\_\_

Bill of Lading #: \_\_\_\_\_ Reference #: \_\_\_\_\_

Name of Assured/Consignee (claims to be paid to): \_\_\_\_\_

Attach L/C wording to appear on certificate.

Your Company Name: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

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