



Insurance Cover Form

Insured Name	Insured reference	Date Prepared
Address		
Contact Name	Tel	Fax
		Email

Insurance is requested with Cardinal Maritime on the Following described shipment
(Please complete where possible)

Bill of Lading Number	Cardinal Maritime reference	Port of despatch
Number of pieces	Gross weight of consignment	Port of destination
Terms of sale (incoterms)	Vessel	Total value of shipment

Please provide further information regarding the shipment to be insured

# Items	Description/Part #	Weight	Amount	Curr
Use separate page if additional room is needed		Total		

In support of your request for insurance, please also provide the following documentation:

- Commercial Invoice**
- Packing List**
- Bill of Lading (if available)**
- Inventory (applicable for Household and Personal Effects only)**

Please indicate the Type of insurance required (refer to www.cardinalmaritime.com/insurance for clarification)

Type of Insurance	Cost	Please Tick
General Merchandise	0.55% of goods value, Minimum £55.00 or Euro 40.00	<input type="checkbox"/>
High Theft Goods	0.80% of goods value, Minimum £55.00 or Euro 40.00	<input type="checkbox"/>
Household or Personal Effects	3.00% of goods value, Minimum £55.00 or Euro 40.00	<input type="checkbox"/>

I have understood the terms and conditions of the insurance cover provided, as detailed on the Cardinal Maritime Ltd website and wish to proceed with insurance for those goods detailed on this document.

Signed _____ Name _____ Date _____

Note: In order for your request to be validated, this form must be submitted via e-mail directly to your account manager or team member handling your shipment. Only upon formal confirmation of insurance, in writing, from Cardinal Maritime will your goods have been insured. In absence of insurance cover, all business is transacted subject to BIFA Standard Trading Terms 2005.