



502-850 West Hastings St  
Vancouver, BC V6C1E1  
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## 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 Values: 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: \_\_\_\_\_

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

Email Address: \_\_\_\_\_