



**REQUEST FOR ALL RISK CARGO INSURANCE COVERAGE**

DATE: \_\_\_\_\_ YOUR FILE/REFERENCE# \_\_\_\_\_

COMPANY & BRANCH: \_\_\_\_\_

SHIPPER: \_\_\_\_\_

CONSIGNEE: \_\_\_\_\_

COVERAGE REQUIRED: (Circle) **ALL RISK CARGO**

EXTENT OF COVERAGE: (Circle) **Door to Door** **Door to Port** **Port to Port** **Other:** \_\_\_\_\_

COMMODITY DESCRIPTION- \_\_\_\_\_

\_\_\_\_\_

COMMODITY DETAIL: (Circle all that apply) **New** **Refurbished** **Used** **Crated** **Palletized**  
**Shrink-wrapped** **Professional packed**

WEIGHT: \_\_\_\_\_ # OF PIECES: \_\_\_\_\_ PACKAGING DIMENSIONS: \_\_\_\_\_

INSURED VALUE\$ REQUESTED: \_\_\_\_\_

MEANS OF TRANSPORTATION: (Circle) **Truck / Ground** **Ocean** **Air** **Rail**

PROVIDE DETAILS OF ENTIRE TRANSIT (Origin City & Country, Final Destination City & Country, and each leg of transit if multiple): \_\_\_\_\_  
\_\_\_\_\_

REQUESTOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME & TITLE \_\_\_\_\_

