|  |  |
| --- | --- |
|  | **/**8240 NW 52 TERRACE, SUITE 522DORAL, FL 33166P: 305.599.0900 F: 305.599.1114E-mail: info@globalinsnet.com |
|  **Mastering International Trade Since 1990 | “A goal without a plan is just a wish.”**   |
|  |

**Single Shipment Certificate Request Today’s Date: \_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Shipment Information:** |

Date of shipment: \_\_\_\_\_\_\_\_\_\_ Shipment from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Via: \_\_\_\_\_\_\_ Shipment to: \_\_\_\_\_\_\_\_\_\_\_

Type of Shipment: Air [ ]  Ocean [ ]  Name of Airline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Name of Vessel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Common Carrier (Domestic Shipments): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Ref. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

If Ocean what type of B/L? [ ]  On-Deck or [ ]  Underdeck Voyage No. \_\_\_\_\_\_\_\_\_\_\_

B/L or AWB No. or Booking No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRO#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Shipper Information:** |

|  |
| --- |
| **Consignee Information:** |

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

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

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

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| **Insured Value:** |

|  |
| --- |
| **Loss Payable To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

 The easiest way to arrive at this figure is to add the cost of

 goods, plus the freight charges, then multiply this total by

|  |
| --- |
| **Commodity & Packing:** |

110%. This formula will always insure the shipment for the

 proper amount.

Complete Description of Merchandise being insuredCost of the Goods; $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Including number of pieces, if it is crated, boxed, Plus Freight Charges $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

palletized. If the shipment is containerized please Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

provide the following. X 110% = **Insured Value of $\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Your Company Information:** |

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Pieces; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of your Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is it packed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Container & Seal Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I certify that all statements and information given on this form are true and correct to the best of my/our knowledge. Any material misrepresentation and/or false information given will result in the voiding and nullification of the certificate of insurance and its respective coverages.

Revised 02/09/2017