

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.



CARGO CERTIFICATE REQUEST FORM

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ITEMS IN BOLD MUST BE FILLED TO COMPLETE CERTIFICATE OF INSURANCE.

- 1.) **Assured Name** \_\_\_\_\_
  - 2.) Address \_\_\_\_\_
  - 3.) **Consignee Name** \_\_\_\_\_
  - 4.) Address \_\_\_\_\_
  - 5.) Your Reference Number \_\_\_\_\_
  - 6.) **Shipment Date** \_\_\_\_\_
  - 7.) Issue Date (if L/C requires) \_\_\_\_\_
  - 8.) **Origin** \_\_\_\_\_
  - 9.) **Country of Origin** \_\_\_\_\_
  - 10.) Port of Loading \_\_\_\_\_
  - 11.) **Final Destination** \_\_\_\_\_
  - 12.) **Country of Final Destination** \_\_\_\_\_
  - 13.) Port of Destination \_\_\_\_\_
  - 14.) **Commodity (New/Used, Full Description)** \_\_\_\_\_
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- 15.) **Total Insured Value (CIF + 10%)** \_\_\_\_\_
  - 16.) **Conveyance (Air, Ocean, Domestic)** \_\_\_\_\_
  - 17.) Name of Conveyance \_\_\_\_\_
  - 18.) Additional Carrier Info \_\_\_\_\_
  - 19.) Marks & Number \_\_\_\_\_
  - 20.) Pieces & Weights \_\_\_\_\_