

PRODUCT INSURANCE LIABILITY FORM

Shipper Details		Insurance Company Details	
<u>Company Name & Address</u>		<u>Insurance Company Name & Address</u>	
Contact Details Ph. No. : Mo. No. : E-mails :		Contact Details Ph. No. : Mo. No. : E-mails :	
Shipping Details	Shipping Reference Details	Insurance No. & Date	
Material Shipped From : _____ To: _____			
Shipping Description / Product & Container Details			
<u>Insurance Covered for</u>	<u>Percentage of Insurance Covered of Product?</u>	<u>Total Product Amount \$ (Only Product Amount)</u>	<u>In amount of Insurance</u>
<u>General liability</u>			
<u>Conditions / Insurance Applicable & not applicable in cases:</u>			
<u>General Agreement / Both Parties are agree - Conclusion</u>		<u>Insurance company Sign / Seal</u>	<u>Product shipper Sign. / Seal</u>