PRODUCT INSURANCE LIABILITY FORM

Shipper Details		Insurance Company Details					
Company Name & Address		Insurance Company Name & Address					
Contact Details		Contact Details					
Ph. No.:		Ph. No.:					
Mo. No.:		Mo. No.:					
E-mails:				E-mails :			
Shipping Details	Shipping Reference Details		ils	Insurance No. & Date			
Material Shipped							
From:							
To:							
Shipping Description / Broduct 9 C	ontainor Dotaile						
Shipping Description / Product & Container Details							
Insurance Covered for Percentage of Total Product Amount \$\ In amount of							
Insurance Covered for	Insurance Cove		Total Product Amount \$ (Only Product Amount)		<u>Insurance</u>		
	Product?		(Cilly 110C	del Amount	<u>ilisorance</u>		
	iloudel.						
General liability							
Conditions / Insurance Applicable & not applicable in cases:							
General Agreement / Both Parties are agree - Conclusion Insurance company Product shipper							
General Agreement / Both Parties (<u> JSION</u>		ince company Sign / Seal	<u>Product shipper</u> <u>Sign. / Seal</u>			
				ngii / Jeui	<u>sign. / seul</u>		