



Marine Insurance Request Form

All Insurance Certificates will be made available on our website once they are issued. If you need GLI to email you a certificate, please request one from your Customer Service Representative. Requests for Marine Insurance greater than 5 days after sailing must accompany a written confirmation that no losses have occurred.

- 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 _____

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10.) Port of Loading _____

11.) Final Destination _____

12.) Country of Final Destination _____

13.) Port of Destination _____

14.) Commodity (New/Used, Full Description) _____

15.) Total Insured Value (CIF + 10%) _____

16.) Conveyance (Air, Ocean, Domestic) _____

17.) Name of Conveyance _____

18.) Additional Carrier Info _____

19.) Shipping Method _____

20.) Marks & Number Pieces & Weights Note for revisions there is an additional fee, so please ensure the certificate request form has all the correct and final information before sending