

Confirmation of Insurance

Identification

TA #	Version #	Effective Date
Insurance Policy / Certificate #		ExpiryDate
Shipment #		Security #

Parties

Insurance Company		Importer	
Phone:	Fax:	Phone:	Fax:
Exporter			
Phone:	Fax:		

Policy

Description			
Policy Type		Place of Loading	
Insured Value		Place of Discharge	
Place of Origin		Final Destination	

Terms & Conditions

Statement

We hereby certify that the insurance policy referred to above is current and is in compliance with the Trade Agreement.

Submitted & Signed By

Name		Title	
Signature		Date	