



# CARGO INSURANCE REPORT

111 E Busse Ave Suite 502  
 Mount Prospect IL 60056  
 (847) 398-1400 Phone (847) 398-1411 Fax

Report No.: \_\_\_\_\_ Date \_\_\_\_\_

Assured: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Ins. Co.: \_\_\_\_\_ Report Period: \_\_\_\_\_

Ref No.	Shipment Date	Conveyance	From To Also, place of transshipment if any		Goods Insured Packaging Description		1. Insured Value (in even Dollars) 2. Duty, if any	Marine		War	
								Rate	Premium	Rate	Premium
<b>IMPORTANT:</b> <i>The amount reported above must conform with the Valuation Clause contained in the Open Policy. IF IMPORT DUTY is to be insured - (1) Write "Duty" in the box below description of goods and (2) Enter amount of duty in separate box below the value.</i>											