

Marine Cargo Insurance Declaration Form

The **Marine cargo insurance declaration form** sample provides a clear template for documenting the insured goods and shipment details. It ensures accurate coverage and smooth claims processing by capturing essential information such as cargo description, value, and voyage data. Using this form helps protect your maritime shipments against potential losses during transit.

1. Insured/Applicant Details

| | |
|------------------------|--|
| Full Name/Company Name | |
| Address | |
| Contact Number | |
| Email | |

2. Shipment Information

| | |
|----------------------------|--|
| Consignee Name | |
| Consignee Address | |
| Port of Loading | |
| Port of Discharge | |
| Vessel/Flight Name | |
| Bill of Lading/AWB Number | |
| Expected Date of Departure | |
| Expected Date of Arrival | |

3. Cargo Details

| | |
|--------------------------|--|
| Description of Goods | |
| Packaging Type | |
| No. of Packages | |
| Gross Weight (kg/ton) | |
| Insured Value (Currency) | |

4. Insurance Coverage Requested

| | |
|------------------------|---|
| Type of Cover Required | (e.g. All Risks, Total Loss Only, etc.) |
| Basis of Valuation | (e.g. CIF + 10%) |
| Special Instructions | |

5. Declaration

I/We hereby declare that the above information is true and complete to the best of my/our knowledge and that no material information has been withheld. I/We agree that this declaration shall be the basis of the contract with the insurer.

| | |
|------------------|--|
| Name & Signature | |
| Date | |

