

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	

