

## **Submit To:**

Worldcraft Logistics LLC 8595 Milliken Ave. Suite 101 Rancho Cucamonga, CA 91730

Phone: (909) 632-1643 Fax: (909) 632-1208

WWW.WORLDCRAFTLOGISTICS.COM

## REQUEST TO ISSUE CARGO INSURANCE CERTIFICATE

Name of Shipper:	Date of
The state of the s	Request: / /
Type of Coverage: All Risk	· ·
How shipment is packed: Containerized	None containerize Professional
Commodity Description:	Note: You may insure for the invoice value only, or you may insure for invoice value, freight and an additional 10%
	Insured Value:
	Freight Charges:
	Additional Insurance @ 10%:
	Total Insured Value USD:
Name of Assured (Who will be paid in the event of a claim):	
Please attached any L/C wording that needs to be typed on the certificate:	
Your Company Name:	
Your Company Address: (Required)	
Your Name:	Email-address:
******* OFFICE USE ONLY ********	
Warehouse Address of Where Coverage is to Begin:	Port of Loading:
Warehouse Address of Where Coverage is to End:	Port of Discharge:
Name of Vessel:	Voyage Number:
Date of Sail:	B/L Number: