

Application for Goods-in-Transit Insurance Activation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company/Agent's Name],

I am writing to formally request the activation of goods-in-transit insurance for my upcoming shipments. As a [Your Position/Title] at [Your Company Name], I recognize the importance of adequate coverage during transit to protect our valuable goods.

Details of the shipment are as follows:

- Type of Goods: [Insert Type]
- Value of Goods: [Insert Value]
- Transport Method: [Insert Method, e.g., Road, Rail, Air]
- Transit Routes: [Insert Routes]
- Estimated Dispatch Date: [Insert Date]

Kindly advise on the necessary documentation required for the activation process and any additional information you may need from my end.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Position/Title]

[Your Company Name]