

Transit Insurance Agreement

Date: [Insert Date]

To,
[Insurer's Name]
[Insurer's Address]
[City, State, Zip Code]

Subject: Transit Insurance Agreement for Bulk Cargo

Dear [Insurer's Name],

We are pleased to enter into a Transit Insurance Agreement with you for the shipment of bulk cargo as detailed below:

Details of Shipment

- Consignor: [Consignor's Name]
- Consignee: [Consignee's Name]
- Type of Cargo: [Description of Cargo]
- Quantity: [Quantity of Cargo]
- Shipping Route: [Route Details]
- Insured Value: [Value of Cargo]

Insurance Coverage

The insurance shall cover the risks of loss or damage to the cargo during transit, including but not limited to:

- Theft
- Damage due to weather conditions
- Accidental damage during loading and unloading
- Loss during transport

Terms and Conditions

The term of this agreement shall be in effect from [Start Date] to [End Date]. All claims must be reported within [Number of Days] days of occurrence.

Please indicate your acceptance of this agreement by signing below and returning a copy to us.

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Position]
[Your Company Name]
[Your Contact Information]

AGREED AND ACCEPTED:

[Insurer's Name]
[Title]
Date: _____