

Transit Insurance Agreement for Commercial Shipments

Date: [Insert Date]

From: [Your Company Name]

Address: [Your Company Address]

To: [Insurer's Company Name]

Address: [Insurer's Company Address]

Subject: Transit Insurance Agreement

Dear [Insurer's Name],

We are pleased to enter into a Transit Insurance Agreement with [Insurer's Company Name] for the coverage of commercial shipments as detailed below:

Details of the Shipment:

- **Shipment Description:** [Description of Goods]
- **Pickup Location:** [Pickup Address]
- **Destination:** [Destination Address]
- **Estimated Value:** [Value Amount]
- **Transport Mode:** [Mode of Transport]

Insurance Coverage:

- **Coverage Start Date:** [Start Date]
- **Coverage End Date:** [End Date]
- **Policy Number:** [Policy Number]
- **Deductible:** [Deductible Amount]

By signing this agreement, both parties acknowledge and agree to the terms and conditions stated herein. Please sign and return a copy of this agreement for our records.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]

Acceptance:

[Insurer's Name]

[Title]

[Insurer's Company Name]

Date: _____