

Transit Insurance Agreement

Date: [Date]

From: [Insurer's Name]
Address: [Insurer's Address]
Email: [Insurer's Email]
Phone: [Insurer's Phone]

To: [Insured's Name]
Address: [Insured's Address]
Email: [Insured's Email]
Phone: [Insured's Phone]

Subject: Transit Insurance Agreement for International Shipping

Dear [Insured's Name],

This agreement outlines the terms and conditions under which transit insurance will be provided for the shipment of goods from [Origin] to [Destination].

Policy Details:

- Policy Number: [Policy Number]
- Coverage Amount: [Coverage Amount]
- Effective Date: [Effective Date]
- Expiry Date: [Expiry Date]
- Insured Goods: [Description of Goods]

Terms and Conditions:

1. The insured agrees to pay a premium of [Premium Amount].
2. This policy covers loss or damage to insured goods during transit.
3. The insurer will not be liable for loss or damage due to negligence or improper packing.

Please sign below to accept the terms of this Transit Insurance Agreement.

Signature of Insured

Date

Thank you for choosing [Insurer's Name] for your transit insurance needs.

Sincerely,
[Insurer's Name]
[Insurer's Title]