

# Transit Insurance Agreement for Motor Vehicle Transport

**Agreement Number:** [Insert Agreement Number]

**Date:** [Insert Date]

**Insurer:** [Insert Insurer Name]

**Address:** [Insert Insurer Address]

**Contact:** [Insert Insurer Contact Information]

**Insured Party:** [Insert Insured Party Name]

**Address:** [Insert Insured Party Address]

**Contact:** [Insert Insured Party Contact Information]

## Subject:

This agreement pertains to the transit insurance coverage for the motor vehicle as detailed below:

### Vehicle Details:

- **Make:** [Insert Vehicle Make]
- **Model:** [Insert Vehicle Model]
- **Year:** [Insert Vehicle Year]
- **VIN:** [Insert Vehicle Identification Number]
- **Value:** [Insert Insured Value]

### Transit Details:

- **Pickup Location:** [Insert Pickup Location]
- **Destination:** [Insert Destination]
- **Transit Period:** [Insert Start and End Date]

## Coverage:

The insured vehicle shall be covered against loss or damage due to:

- Theft
- Accidental Damage

- Fire
- Natural Calamities

## **Exclusions:**

The following exclusions apply:

- Pre-existing damages
- Negligence
- Unauthorized use

## **Premium:**

The total premium for this Transit Insurance Agreement is [Insert Amount].

## **Signatures:**

By signing this agreement, both parties consent to the terms herein.

**Insurer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insured Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_