

Transit Insurance Agreement

Agreement No: [Agreement Number]

Date: [Date]

Insurer: [Insurer Name]

Insured: [Your Name]

Address: [Your Address]

Subject: Transit Insurance for Personal Belongings

Dear [Insurer's Contact Name],

This letter serves as a formal agreement between [Your Name] (the Insured) and [Insurer Name] (the Insurer) concerning the transit insurance of personal belongings during the period of relocation from [Origin Address] to [Destination Address].

Details of Coverage:

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

Items Covered:

[List of Items/Personal Belongings]

Terms and Conditions:

[Briefly outline the terms and conditions of the insurance policy.]

By signing below, both parties agree to the terms outlined in this Transit Insurance Agreement.

[Your Name]

Date: [Date]

[Insurer's Representative Name]

Date: [Date]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]