

**TRANSPORTATION INSURANCE**

**SHOW NAME:** \_\_\_\_\_  
**SHOW DATES:** \_\_\_\_\_

Please indicate your decision by marking the appropriate box.

1. I wish to cover this shipment under Schenker's Marine Cargo Insurance Policy – One way.
2. I wish to cover this shipment under Schenker's Marine Cargo Insurance Policy – Round trip.
3. I do not wish to insure my shipment under Schenker's Cover, as I have my own Open Cargo Policy.

If you should decide to be covered under Schenker's Marine Cargo Policy we will provide you with the total amount for which you are insured.

Please indicate the shipment value and terms of insurance coverage you request:

Cargo Value USD      \$ \_\_\_\_\_

Description of shipment: \_\_\_\_\_  
\_\_\_\_\_

TERMS:            C.I.F. + 10%            C.I.F.            C & F

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date