

Offshore Equipment Transit Insurance Form

Insured Party Information

Name of Insured

Contact Person

Phone Number

Email Address

Address

Equipment Details

Equipment Description

Quantity

Total Value (Currency)

Serial/Identification Numbers

Transit Details

Origin

Destination

Estimated Departure Date

Estimated Arrival Date

Conveyance (e.g., vessel, truck, air)

Mode of Packaging

Project / Contract Reference

Additional Information

Special Instructions / Remarks