



REQUEST FOR A CERTIFICATE OF INSURANCE

TO: GUARDRISK ALLIED PRODUCTS AND SERVICES

ATTENTION: JANICE SAVILLE AND/OR JUSTIN STEPHEN

FAX NO: 011 669 – 2779/2973

E-MAIL: SavilleJ@guardrisk.co.za or StephenJ@guardrisk.co.za

DATE:/...../.....

CLIENT:		FAX:				
CONTACT PERSON:		TEL:				
DESCRIPTION OF GOODS (PLEASE STIPULATE IF NEW OR SECONDHAND):		NEW *	2ND HAND	RECONDITIONED		
PACKING DETAILS (NUMBER OF CARTONS/BAGS/CRATES ETC) :						
MODE OF SHIPMENT:						
	FCL	LCL *	B/B	BULK	REEFER	LOOSE
CONVEYANCE:	ROAD	RAIL	AIR	SEA *	PARCEL POST	
VOYAGE:	FROM:		VIA (LOADING PORT)			
	VIA (DISCHARGE PORT)		TO (final Destination):			
	TRANSHIPMENT:					
SENDING/SAILING DATE:						
TERMS OF PURCHASE AND/OR TERMS OF SALE:						
BASIS OF VALUATION:						
INSURED VALUE:						
REMARKS/LETTER OF CREDIT REQUIREMENTS:						
REQUESTED BY:						
					DATE:	