intact INSURANCE ocean marine

Monthly Report of Shipments INLAND TRANSIT Declaration Form

Insured:

Policy No:

Producer:

Report Date:

Shipment Date	Truck, Rail or Other Approved Carrier Name	Insured Trip from	Insured Trip to	Goods Insured & Number of Packages / Containers	Shipment Value (per Valuation Clause*)	Insurance Rate	Premium
				TOTAL			

*Shipment Value = Insured should review Valuation Clause contained in the Policy of Insurance. Declarations should be based upon this Clause.