intact INSURANCE ocean marine

Monthly Report of OCEAN CARGO Shipments Declaration Form

Insured:

Policy No:

Producer:

Report Date:

B/L Date	Vessel or Conveyance	Insured Trip from Country	Insured Trip to Country	Goods Insured & Number of Packages / Containers	Shipment Value (per Valuation Clause*)	Duty Amount (if separate report required)	Insurance Rate	Premium
				Duty Total				
				Marine Total				
				War Total				
				TOTAL				

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