



## Inland Transit Insurance Coverage Highlights

### Personal Effects – Prof Packed Incl. Autos – All Risks - S.T. \$500 Deductible

#### INLAND TRANSIT ALL RISKS

The following is only an outline of the provisions of the Inland Transit All Risks cover. Please take the time to review all of the terms and conditions of the Certificate of Insurance, which will be provided prior to shipment.

#### RISKS COVERED

This insurance covers All Risks of loss of or damage to the subject matter insured except as provided below.

#### EXCLUSIONS

In no case shall this insurance cover:

- Loss, damage or expense attributable to the wilful misconduct of the insured
- Ordinary wear and tear of the subject matter insured
- Loss, damage or expense attributable to inherent vice or nature of the subject matter insured
- Loss, damage or expense proximately caused by delay

#### DURATION

This insurance attaches from the time the goods leave the residence at the location named for the commencement of transit, continues through the ordinary course of transit and terminates either at the residence at the final destination named in the policy or upon delivery to an intermediate location for storage outside the ordinary course of transit or as otherwise indicated on the certificate of insurance.

#### CONDITIONS

This insurance may be subject to some or all of the following conditions or warranties:

- \$500. deductible
- Professional packing
- Completed itemized valued inventory, signed and returned prior to departure
- Insurance coverage highlights form signed and returned

#### CLAIMS

- |   |  |
|---|--|
| <p>1. It is required that when you receive goods from the carrier in a damaged condition, NOTICE OF CLAIM be filed with the carrier in writing at the time of accepting the goods. If the damage is not apparent on delivery, then within three days.<br/>This notice of claim may be (a) in the form of endorsement on the delivery receipt or (b) by letter</p> | <p>2. Immediately notify the agent named on the certificate of insurance, and e-mail: <a href="mailto:claim.cargocover@cna.com">claim.cargocover@cna.com</a></p> |
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Delay in notification of loss may prejudice your ability to recover under this policy  
I understand and agree to the terms of this insurance.

**This Form is not a binding contract evidencing insurance. A certificate of insurance must be in place for coverage to take effect. A copy of the insurance certificate issued under the CargoCover policy #110550, issued through Continental Casualty Company is the only contract under which a claim may be made. A copy of the certificate must be provided by your Freight Forwarder or Marsh Broker arranging coverage. If you do not receive a copy of the certificate prior to the shipment departure date, please contact Marsh Canada Limited at 877-755-4934 for North American clients and 416-349-4769 for International clients.**

#### SIGNATURE

**BY SIGNING THIS FORM IT WILL ACKNOWLEDGE THAT THIS IS THE INSURANCE COVERAGE YOU HAVE REQUESTED AND MARSH CANADA WILL ARRANGE ON YOUR BEHALF.**

|                     |                    |
|---------------------|--------------------|
| Name (please print) | Title              |
| Signature           | Date (mon/dd/yyyy) |

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