PARISOL

INSURANCE

DOCUMENT ENQUIRIES
info@parisolinsurance.com | parisolinsuranceltd.com

DOCUMENT STATUS

SPECIMEN

INSURANCE COVER NOTE / SCHEDULE

COVER NOTE NO. FORMAT-CN-03

A4 / SINGLE PAGE

NAME OF INSURED / POLICYHOLDER

[Full legal name]

CURRENT ADDRESS OF INSURED

[Postal / risk address]

PIN / TAX ID AND CONTACT DETAILS

[Tax identifier and client contact details]

DESCRIPTION OF INSURED INTEREST / CONSIGNMENT

[Insured assets, inventory, packaging, weights and marks]

SUM INSURED / DECLARED VALUE

[Currency and agreed amount]

PERIOD OF COVER - FROM

[Date and time]

PERIOD OF COVER - TO

[Date and time]

EXCESS / DEDUCTIBLE

[Agreed amount and basis]

GEOGRAPHICAL AREA / DECLARED ROUTE

[Accepted storage and transit locations]

COVER / INSURED PERILS

[Accepted scope, subject to referenced terms]

INSURER POLICY / PLACEMENT NO.

[Insurer policy or placement reference]

INSURER / PARTICIPATING SYNDICATE(S)

[Issuing insurer and participation]

TYPE OF COVER

[Insurance class / referenced wording]

PREMIUM SCHEDULE	**[CCY]**
Base premium	[Base premium]
Effective premium rate	[Rate %]
Taxes, levies and fees	[Itemise separately]
TOTAL BASE PREMIUM	**[Base premium]**
Received premium	[Receipted amount]
OUTSTANDING PREMIUM	**[Unpaid balance]**

PREMIUM STATUS: SPECIMEN

POLICY DOCUMENT: released only after full premium settlement. Cover-note availability is separate from payment.

WORDING / ENDORSEMENTS ATTACHING TO THIS COVER NOTE

[Approved policy wording and endorsement references]

SPECIMEN ONLY - NOT VALID AS EVIDENCE OF INSURANCE. Blank reusable format. Issuance requires confirmed insurer terms and authority. Policy documents are released after full premium settlement.

ISSUED BY / AUTHORITY REFERENCE

[Authorised issuing entity, name, role and authority reference]

FOR / ON BEHALF OF THE INSURER

[Insurer name and issuing record]

Authorised signature: not supplied