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FREIGHT INSURANCE ASAP UNDERWRITING FORM

CALLERS CONTACT INFORMATION	
Name	
Company Name	
Phone #	
Fax #	
Email	

CERTIFICATE INFORMATION			
Insured Name			
Freight Broker			
Trucker			
Shipping Date		Your Reference #	
Commodity			
Packaging Details (FCL, LCL, Flatbed)			
Origin			
Destination			
Insured Value		Deductible	

<i>Check box below:</i>			
Quote Only	<input type="checkbox"/>	Issue Certificate	<input type="checkbox"/>
Email Certificate	<input type="checkbox"/>	Fax Certificate	<input type="checkbox"/>

Email to: fiasap@gsis.com

Or Fax to: 310.374.2431