

CARGO INSURANCE QUESTIONNAIRE

Please complete and return the following form regarding your cargo insurance needs.

Your feedback is appreciated and helps us serve you better!

_____ I request cargo insurance coverage on all consignments handled by A1 Worldwide Logistics, Inc.

_____ I already have my shipments covered by other insurance and am not interested at this time.

Company Name: _____

Contact Person: _____

Phone Number: _____

Email: _____

Signature: _____

Date: _____

Please submit this form by fax at 305-821-8996, or by email at Robert@A1wwl.com

Thank you for taking the time to answer this questionnaire!



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