

CRUISEGUARD BROKERS

Invoice No: _____

Date: _____

Brokerage Details:

[Company Name]

[Street Address]

[City, State, Zip]

[Phone/Email]

Policyholder:

[Client Name]

[Client Address]

[Client City/Postcode]

Cruise Details:

Vessel Name: _____ | Departure Date: _____

Policy Type: _____ | Reference: _____

Description	Coverage Period	Amount
Cruise Travel Insurance Premium	___/___/___ to ___/___/___	\$ 0.00
Brokerage Professional Fee	-	\$ 0.00
Government Levies / Taxes	-	\$ 0.00

Subtotal: \$ 0.00

Total Balance Due: \$ 0.00

Payment Instructions:

Bank Name: _____

Account No: _____

Routing/SWIFT: _____

CruiseGuard Brokers is authorized and regulated by [Regulatory Authority Name]. Please review the Policy Disclosure Statement (PDS) for full terms and conditions. Coverage is not active until payment is cleared.