



USER REQUEST FORM

CARGO INSURANCE TRAINING MODULE

Company Name:

Email:

Contact Name:

Number of Users requested:

1. First Name: Last Name:

3. First Name: Last Name:

Email: Phone:

Email: Phone:

2. First Name: Last Name:

4. First Name: Last Name:

Email: Phone:

Email: Phone:

For more than four users, please provide an .xls or .doc with the above fields.

Do you currently have a cargo insurance policy in place with Integro Insurance Brokers? Yes No

If no, please provide your annual cargo insurance premium:

Please save this form and email it to: **Philip DiChiara**
Global Transportation & Logistics Practice Leader
philip.dichiara@integrogroup.com