



Cargo Insurance Indemnity Form

Consignee/Shipper Info:
Company Name:
Address:

Phone:
Contact:

I, _____ an authorized representative of the above referenced company acknowledges that Cargo Intl Consolidators, Inc. has offered and informed us that we may purchase cargo insurance from them. The cargo insurance protects my goods from physical loss or damage subject to the terms and conditions of Cargo International Consolidators open cargo policy for the goods we are shipping.

At this time, we are acknowledging and providing written confirmation that we do not wish to purchase cargo insurance on a regular basis from Cargo International Consolidators, Inc. We will, however, insure on a per shipment basis and will notify you IN WRITING of our decision to insure a specific shipment. This will be done prior to the sailing date.

When we do not purchase cargo insurance, we will ship with the understanding that any claims will be subject to the terms and/or conditions and/or clauses in listed on the reverse side of the bill of lading.

We understand that Cargo International Consolidators will handle the cargo professionally and will do their best to avoid damages or losses of any kind.

This declination of cargo insurance shall remain in force unless cancelled in writing and supersedes any previous notice, correspondence or communication.

Authorized Signature _____
Print Name: _____
Title: _____
Date: _____

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