



Cargo Insurance Indemnity Form

Consignee/Shipper Info:
Company Name:
Address:

Phone:
Contact:

I, _____ an authorized representative of the above referenced company acknowledge 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 from Cargo International Consolidators, Inc.

___ At this time we maintain our own cargo insurance policy. Our policy covers all our goods for physical loss or damage including but not limited to all shipments that are handled by Cargo International Consolidators, Inc. The following is our cargo insurance policy information.

Insurance Company Name: _____

Policy Number: _____

___ We do not have cargo insurance and 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: _____