

CARGO INSURANCE OPT-OUT FORM

Crowley Liner Services may arrange the purchase of “All-Risks” cargo insurance on behalf of its customers. Cargo insurance is available for most shipments within the Puerto Rico, Caribbean Islands and the Central America services. This insurance provides, subject to policy conditions, protection for proven physical loss or damage to cargo from any external cause in an amount equal to the lesser of the repair or replacement value, per the commercial invoice, up to a maximum of US\$50,000.00 per container, Breakbulk or POV’s (Privately Owned Vehicles).

The insurance applies to full container loads (FCLs), with limited commodity exclusions and at a rate of \$1.00 per \$100 of cargo value per container, subject to a minimum charge of \$ 50.00. The insurance also applies to POVs and Breakbulk Cargo for a charge of \$ 250.00 for up to US\$25,000.00 coverage and \$500.00 for US\$50,000.00 coverage. Excess Value insurance for both FCL, POVs and Breakbulk may also be available at an additional charge. **ZERO** deductibles apply.

Cargo insurance, including for POVs, is automatically procured for the declared cargo value or, if no value is declared, the lesser of the commercial invoice value or US\$50,000.00 and the corresponding charge assessed unless you timely return this executed form declining the coverage as provided below.

If you decline this coverage, Crowley’s liability for cargo loss or damage will be limited in accordance with the applicable tariff rules, the terms of Crowley’s long form bill of lading, available [here](#).

If you do wish to decline the cargo insurance, please check one of the following opt-out options and return this form along with all other required shipping documents no later than **twenty-four (24) hours** prior to the scheduled sailing.

___ I/We decline the cargo insurance for all shipments surrendered to Crowley Liner Services.

___ I/We decline the cargo insurance for the following shipment(s): _____
Booking Number(s)

Date: _____

Customer Name: _____

Service contract number (if applicable): _____

Signed by: _____

Print Name: _____

Title: _____

Bill to Party CVIF #: _____