



CARGO INSURANCE OPT-OUT FORM

Ben Federico may arrange the purchase of "All-Risks" cargo insurance on behalf of its customers. Cargo insurance is available for most shipments from any port within the USA to ports within the Caribbean Islands, Central and South America. This insurance provides, subject to policy conditions, protection for proven physical loss or damage to cargo from external cause in an amount equal to the lesser of the repair or replacement value, per the commercial invoice.

The insurance applies to full container loads (FCLs) and less than container loads (LCL), with limited commodity exclusions and a rate of \$1.10 per \$100 of cargo value per container, subject to a minimum charge of \$50.00 and \$15 respectively. The insurance also applies to POVs (Privately Owned Vehicles) and Breakbulk Cargo for a charge of \$275.00 for up to US\$25,000.00 coverage and \$550.00 for US\$50,000.00 coverage. Excess Value insurance for FCL, LCL, POVs and Breakbulk may also be available at an additional charge. ZERO deductible apply.

Cargo insurance 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 (FCL)/ US\$10,000 (LCL) and the corresponding charge assessed unless you timely return this executed form declining the coverage as provided below.

If you decline this coverage, Ben Federico's liability for cargo loss or damage will be limited in accordance with the applicable tariff rules, the terms and condition of Ben Federico's bill of lading, available on our website (www.benfederico.com/logistics-documentation-library).

If you 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 Ben Federico Freight for a period of one year.

I/We decline the cargo insurance for the following shipment(s) _____

Booking Number(s)

Date: _____

Print Name: _____

Title: _____

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