

**To: Seaboard Marine, LTD  
8001 NW 79<sup>th</sup> Avenue  
Miami, Florida 33166  
Fax (305) 863-4788**

From Consignee Name:

Commodity:

Destination:

Date:

**Ref: AUTHORIZATION TO SHIP WITH MARINE INSURANCE**

The individual or company who is undersigned has authorized Seaboard Marine to move their freight WITH insurance coverage by Seven Seas Insurance.

As such, Seaboard Marine will charge marine insurance premiums on the ocean bill of lading until written advice be received to reverse this standing order.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_