

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

From Consignee Name:

Commodity:

Destination:

Date:

Ref: AUTHORIZATION TO SHIP WITHOUT MARINE INSURANCE

The individual or company who is undersigned has authorized Seaboard Marine to move their freight WITHOUT insurance coverage by Seaboard Marine's marine insurance.

In addition to the fact the exporter will secure his or her own marine insurance, it is understood that Seaboard Marine is limited to liability of US\$ 500 per shipment. Any shipment will be thus limited in liability by Seaboard Marine.

Seaboard Marine will NOT charge marine insurance premiums on the ocean bill of lading until written advice be received to reverse this standing order.

Signature: _____

Print Name: _____