

KRYSTAL LOGISTICS USA INC

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Instructions on Shipping Insurance

Please review the following insurance related information with regards to your instructions on shipping insurance. Please check one of the following options:

1. <input type="checkbox"/> PLEASE INSURE ALL OF MY GOODS UNDER YOUR STANDARD SHIPPING INSURANCE POLICY WHICH COVERS (WITH SOME LIMITATIONS) DAMAGE, THEFT OR LOSS.
2. <input type="checkbox"/> PLEASE DO NOT INSURE ANY OF MY GOODS SINCE I ALREADY HAVE A POLICY WHICH COVERS THE SHIPPING OF MY GOODS.
3. <input type="checkbox"/> PLEASE DO NOT INSURE ANY OF MY GOODS. I CHOOSE TO BE SELF INSURED AND UNDERSTAND THAT I WILL BE SHIPPING AT MY OWN RISK.
4. <input type="checkbox"/> Other: _____
5. Please apply the above selection to: (Select One) <input type="checkbox"/> All of our shipments <input type="checkbox"/> Only this shipment

WE STRONGLY RECOMMEND SHIPPING INSURANCE, EITHER THRU OUR INSURANCE COMPANY OR THRU YOUR OWN PRIVATE POLICY. DAMAGE, THEFT, LOST OR MISHANDLE CARGO CAN BE A VERY COSTLY. PLEASE UNDERSTAND THAT CARRIERS LIABILITY IS ONLY

Please return this form completed to us via e-mail or fax to the number above. This form must be completed by an authorized representative.

Company Name: _____ Date: Thursday, May 18, 2017

Name: _____ Title: _____

Signature: X _____

IATA #

FMC No.

18087