



IATA# 01-1-1164/0014  
FMC# 018846NF

Address:  
500 Country Club Drive  
Bensenville, IL 60106 USA

Tel: (630) 787-9797  
Fax: (630) 787-9898

## ELECTION OR DECLINATION OF CARGO INSURANCE COVERAGE

Please check the statement that applies (one box only please) and return this form back to JDB International Inc. d/b/a Gava International Freight Consolidators (USA), Inc. and Gava International, Inc. (“Gava”) via fax at (630) 787-9898 or U.S. Mail at the address above. Thank you.

- 1)  We request and elect that Gava arrange for cargo insurance coverage on all uninsured shipments and/or consignments handled on our behalf by Gava, and acknowledge receipt of a copy of the marine insurance company’s Certificate of Insurance, containing the insurer’s terms and conditions of such cargo insurance, as well as Gava’s Terms and Conditions of Service.
- 2)  We already have our shipments and/or consignments covered by other insurance, and we decline the option of having Gava arrange for cargo insurance coverage for our goods. We are aware of the limited liability of Carriers and Indirect Carriers, and of Gava, and we have received a copy of Gava’s Terms and Conditions of Service.
- 3)  We decline the option of having Gava arrange for cargo insurance coverage for our goods, for any shipments and consignments. We are aware of the limited liability of Carriers and Indirect Carriers, and of Gava, and we have received a copy of Gava’s Terms and Conditions of Service.

**IF GAVA DOES NOT RECEIVE THIS FORM BACK PRIOR TO SHIPMENT, IT IS UNDERSTOOD THAT GAVA WILL NOT ARRANGE CARGO INSURANCE FOR ANY OF THE CUSTOMER’S CONSIGNMENTS (EQUIVALENT OF OPTION 3).**

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_