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SHIPPER'S	I ETTED AE	INICTOLL	CTION
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BOOKING	NUMBER:

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*Shipper:			*Consignee:		
*Address:			*Address:		
Street:			Street:		
City, State, Zip:			City, State, Zip:		
*Phone #:			*Phone #:		
Forwarder:			Notify Party:		
*Address:			*Address:		
Street:			Street:		
City, State, Zip:			City, State, Zip:		
Customer Reference #'s:					
*Port of Load:			*Final Port of Discharge:		
*Description of Cargo:					
*Number of Packages:			*Package Type:		
*Cargo Weight:	LB	KG	*Measurement:	CF	CM
*VGM Weight:	LB	KG			
*Hazardous Material:	YES	NO	*Bonded:	YES	NO
*Ocean Freight Charges			Bill to Party:		
Prepaid: Charges will be billed to S	hipper				
Collect: Charges will be billed to Co	onsignee				
Additional Information / Comments:					

This section is for U.S. Exports ONLY

Is this licensed cargo?	YES	NO
Do you want Tropical Shipping to create the Electronic Export Information (EEI)?	YES	NO
Do you have a Letter of Authorization (LOA) on file with Tropical Shipping?	YES	NO

In compliance with the International Maritime Organization's SOLAS convention, chapter VI regulation 2 "mandatory container Gross Weight Verification regulation," the undersigned, as the Shipper of record, or duly authorized representative of the Shipper, certifies that the weight of each container referenced on the Bill of Lading is the accurate Verified Gross Mass (VGM) of those containers.

*Signature:	
*Printed Name:	
*Title:	
*Date:	

For your protection, Tropical Shipping applies marine cargo insurance coverage to all of its shipments in accordance with the terms and conditions of its Tariff. A premium reflecting the cost for your marine cargo insurance will be prominently displayed on the face of your Bill of Lading. In the event you wish to decline the coverage, please do so via this form. For additional information regarding the application of marine cargo insurance to your shipment, please visit us at the following link:www.tropical.com/marine-insurance, or phone 800.638.8767. Please note that certain commodities are excluded from coverage.