



Request for Full or Extended Liability Coverage Declared Commodity (Cargo) Value

The Request for Full or Extended Liability Coverage – Declared Commodity (Cargo) Value is a written request to CPKC for commodity liability value coverage greater than the commodity liability coverage afforded to the Customer or Shipper under restricted liability terms. Please refer to [CPKC Tariffs and Rules Publications](https://www.cpkcr.com/en/customer-resources/pricing-and-tariffs), as amended from time to time, and available at <https://www.cpkcr.com/en/customer-resources/pricing-and-tariffs> for details.

When submitting a Request for Full or Extended Liability Coverage, all fields in this form must be completed and received to CPKC's Marketing & Sales representative and [CPKC Damage Prevention Team](#).

COMMODITY SHIPMENT DESCRIPTION

CUSTOMER OR SHIPPER NAME	
EXPECTED RAIL RELEASE / TENDER DATE	
STCC	
PRODUCT NAME	
AAR LOADING METHOD	
ORIGIN	
DESTINATION	
ROUTE WITH RAILROAD(S)	
DECLARED COMMODITY VALUE (\$ USD or MXP) PER RAILCAR OR CONTAINER	

SPECIAL RATE QUOTE INVOICE INFORMATION

BILL TO PARTY COMPANY NAME	
BILLING ADDRESS	
RFC	
CONTACT NAME	
TELEPHONE NUMBER	
EMAIL ADDRESS	
EXISTING CPKC CUSTOMER (YES OR NO)	

Declarations of Higher Value must be made three (3) business days prior to rail tender and release of any shipment US regulated shipment and five (5) business days prior to rail tender, release, or acceptance of any Mexican regulated shipment.

[SIGNATURE ON NEXT PAGE]



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The undersigned Customer hereby declares that the value of the goods to be shipped via Canadian Pacific Railway Company, for itself and/or on behalf of Dakota, Minnesota & Eastern Railroad Corporation, Delaware and Hudson Railway Company, Inc., Central Maine & Quebec Railway Canada Inc., Central Maine & Quebec Railway US Inc. SOO Line Railroad Company (each and together, "CP"), The Kansas City Southern Railway Company ("KCSR", together with CP, "Canadian Pacific Kansas City"), and Kansas City Southern de Mexico S.A. de C.V., ("KCSM", and together with KCSR and CP, "CPKC") as described herein is greater than the limit provided by and declared under

- i) Confidential Contract
- ii) Rate Tariff written declaration,
- iii) CPKC Tariffs and Rules Publication, or
- iv) Article 52 of the Regulatory Law of Railroad Service.

The undersigned agrees that CPKC liability will be limited to the amount declared or the actual loss or damage whichever is lower ("Liability Limit").

Customer agrees that a Special Rate Quote, with specific terms and conditions, shall govern this singular movement of declared higher commodity value and Customer herewith agrees and shall make payment of such declared additional rate, charge, fee, or surcharge described and referenced in the Special Rate Quote prior to rail movement.

All other terms and conditions concerning cargo liability contained in the Special Rate Quote and CPKC Tariffs and Rules Publications will apply.

The Customer's failure to comply strictly with all of the requirements for transportation subject to applicable Law and [CPKC Tariffs and Rules Publications](#) shall create a conclusive presumption that the shipment is intended for transport on CPKC's Restricted Liability terms and conditions.

Customer Signature

Company

Title

Date



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Form Field Descriptions:

Form Field Item	Descriptions
Customer or Shipper Name:	Enter the name of the shipper as it will appear on the Rail Billing.
Expected rail release / tender date	Enter the date of the first shipment to be covered at the higher value.
STCC	Enter the 7 digit Standard Transportation Commodity Code.
Product Name	Enter the name of the cargo to be shipped.
AAR Loading	Describe or provide the AAR Open Top or Closed Car Loading method to be utilized for the shipment
Origin:	Enter the city and state where the shipment will originate with the railroad.
Destination	Enter the city and state where the railroad will deliver the shipment.
Route with Railroad(s)	Describe the revenue routing for the shipment and all other rail carriers involved.
Declared Commodity Value (\$ USD / MXP) Per Railcar Or Container	Enter the amount declared in Dollars or Mexican pesos per Railcar or Container
Bill to Party Company Name	Enter the party who will pay for the cost of additional coverage.
Billing Address	The address where invoices for additional coverage should be sent.
RFC	Mexican Tax ID = Registro Federal de Contribuyentes.
Contact Name:	Enter the name of the party that may be contacted regarding invoices for additional coverage.
Telephone Number	Enter the phone number of the party that may be contacted regarding invoices for additional coverage
Email Address:	Enter the email address of the party that may be contacted regarding invoices for additional coverage.
Existing CPKC customer (Yes or No)	Is the Bill-to Party an existing customer with CPKC?