

CARGO INSURANCE WAIVER

Date:(mm/dd/yyyy)

Name:

Email:

Address:

City:

State:

Zip:

Country: United States

Phone 1:

Phone 2:

Fax:

Please make sure you list all AWB numbers associated to the shipment.

AWB Number:

AWB Number:

AWB Number:

AWB Number:

AWB Number:

AWB Number:

AWB Number:

AWB Number:

AWB Number:

AWB Number:

AWB Number:

AWB Number:

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AWB Number:

AWB Number:

AWB Number:

I/We acknowledge that Amerijet International, Inc has recommended Cargo Insurance for the above stated shipment. The insurance policy has been explained to me/us and I/we understand what coverage is available under the policy. I/We elect to waive the recommended insurance and accept full responsibility for all possible damages to, or loss of, the shipment, and hold Amerijet International, Inc.and their Subsidiaries harmless for said damages or loss should they occur.

Name (PRINT) of Customer or Company Representative

Signature