



Cargo Insurance Waiver

Date (mm/dd/yyyy) _____

Customer Account Number _____

Customer Name _____

Phone Number _____

Address _____

City, State, Zip Code _____

Contact Person _____

Phone Number _____

Fax number _____

Email Address _____

Please list all Air Waybill numbers associated with this 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 _____

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/contracted 3rd-party partners harmless for said damages or loss should they occur.

Name (Print) of Customer or Company Representative

Signature

www.amerijet.com