



John C. Riccardo CHB Inc.

CARGO INSURANCE WAIVER

Name: _____ Email: _____
 Address: _____ City: _____
 State: _____ Zip Code _____ Country: _____
 Phone: _____ Phone: _____ Fax: _____

Please make your selection and sign below

I/We hereby accept insurance for below shipment/s and agree to the following rate.

Rate: _____ I Agree: _____

B/L # : _____	B/L # : _____
B/L # : _____	B/L # : _____
B/L # : _____	B/L # : _____
B/L # : _____	B/L # : _____
B/L # : _____	B/L # : _____
B/L # : _____	B/L # : _____
B/L # : _____	B/L # : _____
B/L # : _____	B/L # : _____
B/L # : _____	B/L # : _____
B/L # : _____	B/L # : _____
B/L # : _____	B/L # : _____

Name: _____ Signature _____ Title: _____

I/We acknowledge that John C. Riccardo CHB, has recommended Cargo Insurance for the above shipment. The insurance policy has been explained to me/us and I/We understand what it covers. I/We decided to waive the recommended insurance and accept full responsibility for all possible damaged. I/We fully understand that in the event of any damage occurs to the above stated shipment.

Name: _____ Signature _____ Title: _____

I/We acknowledge that John C. Riccardo CHB, has recommended Cargo Insurance for **all** shipments handled by John C. Riccardo CHB. The insurance policy has been explained to me/us and I/We understand what it covers. I/We decided to waive the recommended insurance and accept full responsibility for all possible damaged. I/We fully understand that in the event of any damage occurs to the above stated shipment.

Name: _____ Signature _____ Title: _____