

Waver of Freight Insurance

I, _____ on behalf of _____ request that 3C Partner
(Name) (Company Name)
ships purchased orders to our designated shipping address via designated carrier without insuring the shipment. We understand that we are responsible for the full and complete payment of invoices regardless of product damaged or lost by the courier/freight service. In the case that shipped packages are lost or damaged by shipping services, we guarantee the full payment of invoices within 7 calendar days after the designated receiving date regardless of the status of shipping company's searching and the status of our cargo insurance claim.

Company Name: _____

Company Address: _____

Print Name: _____

Signature: _____

Title: _____

Date: _____

Note: Please fax this signed agreement along with your insurance company's policy to 909-595-1231.