

PATRIOT AIR FREIGHT INSURANCE REQUEST

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME: _____

TELEPHONE NUMBER: _____

THIS IS TO NOTIFY PATRIOT AIR FREIGHT d.b.a. AIT WORLDWIDE LOGISTICS THAT I WISH TO PURCHASE TRANSIT INSURANCE FOR LOSS OR DAMAGE TO OUR GOODS DURING THIS SHIPMENT.

VALUE OF GOODS: _____

ORIGIN CITY/STATE: _____

DESTINATION CITY/STATE: _____

AIT AIRWAY BILL#: _____

SHIPMENT CONSISTS SPECIFICALLY OF: _____

→ INSURED VALUE=INVOICE VALUE OF MERCHANDISE + INSURANCE PREMIUM + FREIGHT + 10% (UNFORSEEN EXPENSES IF CLAIM OCCURS)

PLEASE NOTE THAT FAILURE TO INSURE FOR FULL INVOICE VALUE MAY REDUCE YOUR RECOVERY IN THE EVENT OF A CLAIM.

I UNDERSTAND THERE MAY BE SOME EXCLUSIONS AND/OR DEDUCTIBLE WHICH APPLY, AND ACCEPT THE TERMS OF COVERAGE AS DETAILED IN THE CERTIFICATE OF INSURANCE AND MASTER POLICY. I UNDERSTAND THE INSURANCE PREMIUM IS INVOICED BY PATRIOT AIR FREIGHT AND IS PAYABLE TO PATRIOT AIR FREIGHT AND WILL BE BILLED SEPARATELY FROM THE AIT WORLDWIDE LOGISTICS TRANSPORTATION CHARGE. I UNDERSTAND SHIPPER ACCEPTS RESPONSIBILITY FOR PACKING SHIPMENT IN A PROFESSIONAL MANNER.

IN ORDER TO PRESERVE YOUR RIGHTS OF ACTION AGAINST ANY DELIVERING CARRIER AS REQUIRED BY THE INSURANCE COVERING YOUR SHIPMENTS UPON RECEIPT OF EVERY CONSIGNMENT:

1. Make immediate inspection of each package.
2. Take proper exceptions on all delivery receipts in respect to all loss or damage existing at the time of taking delivery. It is most important that exact exceptions be taken in writing on the delivery receipt as to the condition of the consignment and a copy of the delivery receipt be retained for your claim file.
3. Promptly report loss or damage to Patriot Air Freight, Inc. at 410/766-2422 to permit assignment of a surveyor or such other action as may be necessary. Preserve packing for examination by surveyor.
4. I UNDERSTAND THAT A DELIVERY RECEIPT SIGNED OFF CLEAN AND FREE OF EXCEPTIONS MEANS THAT THE SHIPMENT WAS RECEIVED IN GOOD ORDER AT TIME OF DELIVERY AND RELIEVES INSURER OF LIABILITY.

SIGNATURE ON BEHALF OF SHIPPER: _____

MINIMUM CHARGE: (DOMESTIC) \$20.00 (INTERNATIONAL) \$30.00