



Instructions on Shipping Insurance

Date:

Name:

Dear valued customer:

Please take a few moments to review the following options with regards to the insurance instructions affecting all your future shipments. If you require clarification on any of the options please do not hesitate to ask. Once you have made a decision, please let us know your decision about insurance by selecting one of the following 3 options.:

- Please insure all my goods under you're the cargo insurance service offered by eZone.
- Please do not insure any of my shipments since I already have a cargo insurance policy for all my shipments.
- Please do not insure any of my goods. I choose to take the risk and I understand I will be shipping my goods at my own risk of financial impact in case of physical loss or damage from any external cause.

(Must be signed by an authorized representative)

Full name: _____

Position: _____

Company name: _____

Date: _____

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