

Team Aero, LLC

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Shawnee, KS 66227
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Declination of Insurance for Shipping

Date: _____

Company Name: _____

SO# _____ PO# _____

P/N _____ S/N _____

Company Auth. Rep: _____

Phone: _____

The undersigned acknowledges that _____ is declining insurance coverage on this shipment at their own risk. All shipments shall be FOB: Origin.

Undersigned acknowledges that they shall be held liable for the full purchase price of the part(s) in the event of any damage/loss during the shipping process.

Undersigned acknowledges they have the authority to represent company above concerning insurance coverage.

Signature

Date

Please email the completed and signed document to Team Aero, LLC.

