



Dear Valued Customer,

TXC TECHNOLOGIES' policy is to insure all shipments for full replacement value. Per your request, we are providing you with the option to decline insurance on this shipment purchased from TXC TECHNOLOGIES'. By doing so, you accept and assume full responsibility for any loss or damage to the shipment once it has left our facility.

You agree that TXC TECHNOLOGIES' is no longer responsible for the product or packaging of this shipment, except for what is covered under expressed warranty by the manufacturer, once the tracking or waybill number has been provided.

TXC TECHNOLOGIES' only burden of proof of shipment will be to provide a tracking number(s) to verify the shipment left one or more of our warehouse locations. I have read and understand the above statements and choose to waive insurance on this shipment from TXC TECHNOLOGIES. I also certify that I am authorized to make this decision.

Company Name: \_\_\_\_\_

Signature of Authorized Guarantor: \_\_\_\_\_

Printed Name of Authorized Guarantor: \_\_\_\_\_

Title of Authorized Guarantor: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Thank you for your cooperation.

Regards, TXC Technologies