



REALLY
we deliver!

12240 Indian Creek Court
Beltsville, MD 20705
www.WashingtonExpress.com

SUPPLEMENTAL INSURANCE WAIVER

Date: _____

I, _____ have asked Washington Express to transport material or goods with an intrinsic value of \$500 or more on behalf of my employer or myself, and am declining supplemental insurance on these material or goods. As a condition of declining insurance, we agree to the following:

- 1) Release Washington Express from any and all liability related to the transportation of these material or goods.
- 2) Agree to indemnify and hold Washington Express harmless from and against any claims which I may have as a result of the transportation of the material or goods, and we assume all risk and liability for damage to these material or goods.

Customer Signature

Tracking Number: _____