

NO INSURANCE/ NO DECLARED VALUE REQUEST

Account Number (if known): _____

Company Name: _____

Shipping Address: _____

Contact Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Effective as of the date indicated below, please do not insure any shipments for _____ (**hereinafter, The Company**) to the address indicated above or for any other address specified by The Company on any order that they may enter with Heat Tracing Sales (HTS).

The Company has made other insurance arrangements and understands and agrees that **The Company** has complete financial responsibility for any lost shipments by the carrier after the material ordered is transferred from HTS, or the shipping point if not HTS' warehouse, to the carrier. **The Company** agrees to remit payment in full within the purchase order payment terms, including all freight charges and applicable taxes, for any invoices associated with a shipment that has been deemed permanently lost by the carrier.

The undersigned represents that he/she is a duly authorized representative for _____ (enter **The Company** name again here).

X _____
Signature

Date _____

X _____
Printed Name

X _____
Title

Last Updated: October 2019