

INSURANCE WAIVER

To Whom It May Concern:

I release **THISAI LOGISTICS LLC** and/or any party affiliated in handling of my shipment (including all pick-up or delivery agents, line haul carriers {air, ground, intermodal, and ocean} of any liability due to potential damages incurred during transit or loss of individual packages or loss of the entire shipment during transportation of our shipments. I am aware that the goods I am shipping are uninsured. I further understand that I may be able to obtain my own insurance, if desired.

By completing and submitting the below required details, I am agreeing and signing the above mentioned Release and Waiver of Liability Statement.

Airway Bill Number or Shipment Reference Number

Full Name

Signature

Date