

Porreca Freight, Inc. Customer Request for Release Liability Valuation Form

REVISION 2012 - 77 Garlisch Dr. Elk Grove Village, IL 60007 • Tel: (847) 981-9600 • Fax: (847) 981-9601

This is to confirm that _____ has read and understands the terms of the Porreca Freight, Inc. Waybill and the Service Conditions (Contract) published and displayed at <http://www.porrecafreight.com>.

The customer reference above requests Porreca Freight, Inc. to provide excess value coverage on all shipments when the customers' housebill indicates excess value is required. Please note that Porreca Freight, Inc. will charge an excess value charge of **\$ 0.50** (fifty cents) per **\$100** (one hundred dollars) of declared value as stated on customers' housebill.

Yes No

1. In the event of a valid claim, we specifically agree to hold Porreca Freight, Inc. liable for only **\$0.50** (fifty cents) per pound on the affected weight of our shipment. We agree that this **\$0.50** (fifty cents) per pound limitation shall apply to all C.O.D. shipments as well. We understand that the service charge made by Porreca Freight, Inc. on C.O.D. shipments is solely to cover the additional service provided by Porreca Freight, Inc. for collecting the C.O.D. funds and that this service charge does not increase the liability of Porreca Freight, Inc. beyond said **\$0.50** (fifty cents) per pound on the affected weight of our shipment.
2. We further understand that all freight charges must be current before Porreca Freight, Inc. will entertain payment of any claim.

In return for the extension of credit by Porreca Freight, Inc., you agree to its Service Conditions for all shipments as set forth at website <http://www.porrecafreight.com> including but not limited to:

1. Application of the standard **\$0.50/lb** (fifty cents per pound) per article limit of liability
2. Indemnification of Porreca Freight, Inc. and its carriers in the event your customer demands greater payment for claims, special or consequential damages
3. Acceptance of Porreca Freight, Inc. Security and Safety Protocol
4. Payment Terms and Conditions

Signature of Officer _____

Print Name & Title _____

Company Name _____

Date _____