



TRAEGER BROTHERS

& ASSOCIATES INC

INSURANCE WAIVER FORM

ACCOUNT NUMBER:

COMPANY:

ADDRESS:

PHONE:

On behalf of the above company, I authorize Traeger Brothers & Associates, Inc. to ship Goods to us **WITHOUT** insurance. It is understood that Traeger Brothers & Associates, Inc.'s liability for damaged, lost or stolen goods **WILL END UPON DELIVERY OF GOODS TO THE DESIGNATED CARRIER**. We agree that any claims for damages or losses will not affect our payment to Traeger Brothers & Associates, Inc. and agree to pay for the goods within the terms allotted by Traeger Brothers & Associates, Inc. I affirm that I am duly authorized to waive insurance coverage on behalf of the company listed above.

Signature

Date

Printed Name of above

Title

Rev 02/07

D I S T R I B U T O R S S I N C E 1 9 2 4
12405 SW 130th Street, Miami, Florida 33186 USA Phone (305) 371-5551 Fax (305) 371-8808