RUNNERS, INC.
Quality Delivery Services

www.runnersinc.com / info@runnersinc.com / 301.948.7500

EXTRA INSURANCE DECLARATION FORM

Date: _____ Tracking No: _____

NOTE: Deliveries are insured up to one hundred dollars ($100). Additional insurance is $15.00 per $1,000 with a $50,0000 maximum limit.

Insurance amount requested: $_____

Deliver to: _____ / _____
(individual name) *(company name)*

_____ /_____
(address) *(apartment/suite no.)*

_____ / _____ / _____
(city) *(state)* *(zip)*

ITEM	HOW PACKAGED	ESTIMATED VALUE

I declare that the information stated above and estimated values are true:

Customer Name: _____ Phone: _____ Fax: _____
(please print name)

Customer Signature: _____ Date: _____

Runners, Inc. Supervisor Name: _____ Signature: _____

Runners, Inc. Subcontract Driver Name/Number: _____ / _____
(please print name) *(driver number)*

Runners, Inc. Subcontract Driver Signature: _____ Date:_____

PLEASE SEND THIS COMPLETED REQUEST TO RUNNERS, INC. FOR SIGNATURE AND WE WILL RETURN IT TO YOU:

- ► Runners, Inc. email: info@runnersinc.com
- ► Runners, Inc. fax: 301.330.1451

Revised 7/25/2012