

Transit Insurance Agreement for E-commerce Deliveries

Date: [Insert Date]

From: [Your Company Name]
[Your Company Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

To: [Client Name]
[Client Address]
[City, State, Zip Code]

Dear [Client Name],

We are pleased to provide you with the Transit Insurance Agreement for your upcoming e-commerce deliveries. This agreement outlines the terms and conditions under which your shipments will be insured during transit.

1. Coverage Details

The coverage will include protection against:

- Loss or damage of goods
- Theft
- Accidental damage during transit

2. Policy Premium

The total premium for the coverage will be [Insert Amount]. This will be payable upon agreement acceptance.

3. Liability Limit

The maximum liability limit under this agreement is [Insert Amount] per shipment.

4. Claims Process

In the event of damage or loss, please notify us within [Insert Number] days of delivery. A detailed claim form will be provided for your convenience.

Please signify your acceptance of this agreement by signing below and returning a copy to us.

Thank you for trusting us with your delivery needs. We look forward to serving you.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

Signature of Client

[Date]