



2775 Burris Rd. Ste 6B-1 Davie, FL 33314

954-764-5700 800-327-2298(outside FL) 954-764-8233(fax)

Addendum – VEHICLE CONDITION WAIVER

Swad Auto Transporters, Inc. would like to thank you for choosing us to ship your vehicle. Our Goal is to provide you with a shipping experience above and beyond your expectations. Please contact our customer service department at 954-764-5700 regarding any questions or concerns.

Due to the condition of your vehicle, we must include this Vehicle Condition Waiver as an addendum to the Bill of Lading documenting the shipment of your vehicle. This Waiver is necessary to document the fact that your vehicle has torn, broken, or an otherwise compromised convertible top, window(s), trunk, or other condition(s) that prevent(s) the vehicle's interior from being secured against the weather, elements, and easy access by others or is being shipped in such a condition that may cause damage to your vehicle. By your signature, or that of your agent, below, you hereby waive any and all damage claims against Swad Auto Transporters, Inc., including claims for subrogation on behalf of your insurer, in consideration of Swad Auto Transporters, Inc. your vehicle in its current condition. Moreover, Swad Auto Transporters, Inc. shall not be required to handle your vehicle with any degree of special care in order to compensate for the vehicle's condition. In the event your insurer seeks to enforce its subrogation right, you agree to defend, indemnify, and hold Swad Auto Transporters, Inc. harmless against any claim brought by said insurer.

Nothing in this Waiver shall be construed to modify the terms and conditions of the bill of lading unless specifically set forth herein.

By my signature below, I, or my agent, accept the terms and conditions of this Waiver and knowingly waive any and all claims for damage arising out of, or in any way related to, damage to my vehicle caused, contributed to, or in any way arising out of or related to the vehicle's inability to be secured against damage.

Swad Auto Transporters, Inc. customer # _____

Shipper's/Agent Name(Print): _____

Shipper's/Agent's Signature: _____

Date: _____

Swad Auto Transporters, Inc., Representative: _____

Date: _____