INSURANCE FORM

EXHIBITION:

Case No.	Gross Weight (Kilos)	FOB Value U.S.$	Briefly Describe Goods

PLEASE CHECK

Please cover transportation insurance for the above goods for U.S. $_____ (plus freight charges) for:

( ) A. While in transit from our works to delivered trade fair site.

( ) B. For the duration of the exhibition, including _____ days prior to opening and _____ days after closing.
(Only available in conjunction with coverage A.)

( ) C. Return from the exhibition until delivered to our works.
(Only available in conjunction with coverages A and B.)

All charges in connection with this movement are for our account in accordance with your quotation.

We agree to indemnify IET against any liability arising from any inaccuracy in the above.

Authorizing signature _____ Date _____

Please print name _____ Title _____

Company _____

Street _____ City _____ State _____ Zip _____

Telephone _____ Telefax _____