

INSURANCE

Form for declaration of value and integration request to be sent, in attachment of a copy of the Bank Transfer Payment to MARSH S.p.A – Fax +39 / 02 / 4997.6778

The undersigned

Company	Country
Address	Town
V.A.T.	E-mail
Tel/Fax	

You can refer to MR/MRS

Event	Pavillion/stand
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DECLARATION OF VALUE - According to art. 6 of the standardized Technical Regulation of Fiera Milano, it is compulsory for the Exhibitor to communicate the real value of the goods, materials, stand, scenery and equipment brought to the Fairground, also on behalf of companies represented, via this form. If the value is not communicated, the minimum capital as in the next point "INSURANCE" is understood as accepted.

DECLARED VALUE Euro _____ (_____)

A) INSURANCE automatically included:

1. ALL RISKS" COVERAGE during transport and the stay in the exhibition ground of goods on display, furnishing, equipment, stand scenery and every other object related to the stand as in the General and Special Conditions of Insurance. The policy does not cover acts of terrorism or sabotage: CAPITAL Euro 25,000.00 at First Overall Risk.
2. "THIRD PARTY LIABILITY" COVERAGE against damages to third parties and to the effects of the third parties, for which the Participant Company is responsible by law depending on the purpose for which he /she participated in the Event, as in the General and Special Conditions of Insurance.
Limit covered: Euro 103,291,379.82 as integration of possible already existing insurance covers (so-called second risk).
3. THEFT OF LUGGAGE IN FAVOUR OF Owners, Directors and Employees of the Participant Company, as in the General and Special Conditions of Insurance.

B) REQUEST FOR SUPPLEMENTARY "ALL RISKS" COVERAGE (at Full Value)

CAPITAL EXCEEDING Euro 25,000.00 Euro _____

With the following layers to calculate the premium:

- from Euro 25,000.00 to Euro 100,000.00	Euro _____
- from Euro 100,000.00 to Euro 500,000.00	Euro _____
- from Euro 500,000.00 to Euro 2,500,000.00	Euro _____
Total B)	Euro _____

Solely as regards theft (partial and total), robbery, loss, shortages, tampering and delivery failure, the payment of the indemnity will be applied to the extent of 90%; the overdraft of 10% will be at the expense of the insured party with the minimum of Euro 250.00. This overdraft and the minimum are doubled for damages reported to the insurance company after the official closing day of the event.

C) OPTIONAL "ACCIDENTS" INSURANCE for stand workers (hostess, employees and non, stand assistants, others). Indicate the chosen combination on the basis of the capitals mentioned at point 4 of the special regulations as reported on the back of the form: attach list of names of insured people.

N. _____ people (as in attached list of names on company letterhead and signed) at the premium of: Euro _____

- Euro 16.00 per person Euro 32.00 per person

OVERALL TOTAL PREMIUMS (B + C) Euro _____

N.B. - The payment of the above-mentioned amount should be carried out with a swift to UNICREDIT BANCA D'IMPRESA SPA - Country Code: IT - Cin Eur: 58 - Cin Z ABI: 03226 - CAB: 01604 - account number 00000953859 - swift: UNCRIT2VMIK IN FAVOUR OF MARSH SpA - Via Olona, 2 - 20123 Milano (Italy), by indicating your name, the period and name of the event, or by attaching to the present form a NON NEGOTIABLE check to MARSH SpA. Integration and/or facultative insurance will be operative only after the payment.

Date _____ Company's stamp and signature (legible) _____

