Insurance for Exhibits

		Hall:	Stand No.:
		Exhibitor:	
Order Form 20	12	L	
_			
Insurance: Mailing address: For queries:	Fax: +49(0)30/250092-755 Funk & Söhne GmbH, Versicherungs Phone: +49(0)30/250092-0, E-Mail:		
	advised to arrange insurance cover for their ge in intervening periods or after the event.	r exhibits for the duration o	f the exhibition, during transport to and from
periods. For premiums and insurance	s not accept any liability for persons or obje- ce conditions please see overleaf. e cover is only valid after payment.	cts on the Exhibition Grour	nds – including construction and dismantling
Name of event/Dates of e			
The following items will be	e on display (give exact details):		
,			
A Sum insured accord	ing to insurance application:		
Exhibits:	ing to insurance application.		EUR
Stand equipment:			EUR
Pers. property of stand pe	ersonnel:		EUR
Total sum insured:			EUR
Are the items being trans	ported		
from Europe:	yes no		
from outside of Europe	yes _ no		
What additional insurance	e do you require?		
B Liability insurance *)	yes no		
C Accident insurance *)	yes no		
Number of all persons:			
*) See insurance conditions r	next page		
We hereby confirm that we have	noted the conditions. We accept them as binding and	agree to their application.	
Customer/Invoicing address:		Ust R	eg. No.:
Street/D O Davi			
Street/P.O.Box Zip Code/City/Country			
Contact for queries:	Telephone:	Telefa	۹ ۰ .
E-Mail:			omer number:
		Cusic	
Date:	Name of the customer (in block letters):	Lega	ally binding signature and company stamp:
As of: July 2011/Subject to alteration	n/Legal venue and place of jurisdiction is Berlin-Charlotter		
	- Contractual partner: Funk & Söł	-	

Details about exhibition insurance

For the exhibitor's own interest and account, the following forms of insurance cover are available from leading insurers in Germany.

Α.

Exhibition insurance providing full cover for the exhibits against all usual risks. Cover is provided against risks such as damage during transportation, fire, water or moisture damage (except on the open air grounds), burglary, theft, deliberate and malicious damage by third persons. This cover is valid for the duration of the event and, if proposed, during transport to and from the event. Not allocated storages are also included for a period of up to 30 days. The insurance cover is provided in accordance with the General Insurance Terms for Exhibition 1988 and in general the clause concerning the exclusion of risks arising from the use of chemical, biological, biochemical substances or electromagnetic waves as weapons causing a public danger, and changes to the exclusion of nuclear energy. The following also applies if applicable respectively included Machinery Clause, Special Conditions to the AVB Exhibition of Traverler's Baggage.

The premium-rates amount on average to 3.5 ‰ of the value of the exhibit. The premium ist increased for items being transported. In case of coinsurance of transport the surcharge for premiums are:

Transports from: Europe + 1.5 ‰ surcharge other countries + 3.5 ‰ surcharge

The minimum premium per exhibition/application is 50.00 EUR plus the valid insurance tax in each case. In the case of damge the policyholder shall be required to meet 25% of the indemnifiable damages himself. The insurance terms can be sent on request.

В.

Liability insurance for claims against exhibitors or their employees and stand personnel (own staff and outside staff) in their capacity exhibitors.

The General Terms of Liability Insurance (AHB) apply. The amount of cover provided is a follows:

3,000,000.00 EUR for personal injury and damage to property

25,000.00 EUR for financial loss

2,000,000.00 EUR for environment basic cover.

The premium, plus valid insurance tax for a period of amounts to 109.00 EUR.

С.

Accident insurance, providing cover for the policyholder, his own or outside stand personnel, acording to the guidelines laid down in the General Accident Insurance Terms (AUB) and in legal regulations, and valid for the official duration of the exhibition. Insurance cover also applies to direct travel by those protected under the policy on their journeys to and from the event from their place of residence or place of work, provided this is within Europe.

Insurance cover provided: 10,000.00 EUR in the event of death 75,000.00 EUR in the event of injury. The premium, plus valid insurance tax in each case, is 18.00 EUR. Copies of the skeleton agreement for liability insurance and/or accident insurance may be inspected in our office in Budapester Straße, or can be sent on request.

Application deadline for insurance 14 days prior to the opening of the exhibition. For applications received any later, insurance cover only applies provided no damage has occurred or been notified before receipt of the application.

Transactions/Assistance Special authority to act on behalf of the insurers has been granted to the following company: L. Funk & Söhne GmbH Insurance brokers Budapester Str. 31, 10787 Berlin. Germany Postfach 12 29, 10722 Berlin, Germany Telephone: +49(0)30/25 00 92-0 Telefax: +49(0)30/25 00 92-7 55

Damage occuring on the Exhibition Grounds 1. If damage occurs or is discovered, the official in charge must be notified immediately. Messrs. Funk & Söhne GmbH should also be notified at once in writing of any damage. 2. In the event of burglary or theft the local police station should be informed immediately. The address is: Polizei-Abschnitt 22 Charlottenburger Chaussee 75 13597 Berlin, Germany Phone: +49(0)30/46 64-22 27 01 Fax: +49(0)30/46 64-22 27 99

Damage occuring during transport

Where loss or damage is apparent on taking delivery of the goods delivery documents must be marked and the carrier/driver must be requested to certify the loss or damage. When loss or damage is not apparent immediately upon discovery (but not later than three days following delivery) notice must be given to the carrier and he must be requested to attend a joint survey. Failure to comply with these instructions will cause delay in eventual settlement and may prejudice any claim under the policy.

Note

Applications for insurance cover become provisionally effective on receipt of the signed application by Messrs. Funk or Messe Berlin, but not prior to departure of persons or dispatch of goods.

- Damage Claim Report -

L. Funk & Söhne GmbH Versicherungsmakler GmbH Postfach 12 29

10722 Berlin

Submitted by (stamp):

finak

Bank: Sort code: Account number:

I. General details

Event:

Date of damage occurred	1::	Industrial liability insurance
Value of damage (estima	ted):	Exhibition insurance
Cause of damage:		□ Accident insurance
Invoice no.:		
Paid on:		
Damage reported on:	Police (office):	Public Prosecutor's Office:
	File ref.:	File ref.:

II. In cases of damage or injury covered by liability insurance (personal injury, damage to property or financial damage)

1.	In what respect do you regard the exhibitor as culpable?			
2.	Please give full description of how the damage occurred:			
3.	Only to be completed in cases of personal injury:			
3.1	Description of the injury:			
3.2	? Which doctor or hospital treated the injured person?			
3.3	B Date of birth of injured person:			
3.4	Family status of injured person:	□ single	□ married □ widowed	□ divorced
3.5	Does the injured person have any children?	🗆 no	□ yes, how many	ages
3.6	Is the injured person claiming restitution from a third party (health insurer, professional association or similiar)?	🗆 no	□ yes, from	_

– Damage Claim Report –



4	4.	Only to be completed if damage to property has occurred	Retain da	amaged items as evidence!	
4	4.1	What items were damaged?			
6	4.2	What form did the damage take?			
ľ	4.3	When were the damaged items acquired and what did they cost?	Date:	€	2
			Date:	€	
ŀ	4.4	Is repair possible?	🗆 no	□ yes	
ŀ	4.5	What is your estimate of the cost of the damage?		€	
ľ	4.6	Has consideration been given to the fact that the items may have already been worn or damaged?	🗆 no	□ yes	
•	4.7	Are the damaged items insured (against damage by fire or domestic water, for glass damage, damage to lighting tubes, vehicle insurance etc.)?	□ no	□ yes, with	
		Has a claim already been submitted to the insures?	🗆 no	□ yes policy number:	_
	Clai	mant (name, address):	 □ staff	□ visitor □ other person	
	Per	son responsible for damage (name, address):	□ staff	□ visitor □ other person	
	□ (Claims have already been asserted:	□ verball □ in writir	ly ng (enclose claim documents)	

III. Damage to exhibits/stand equipment, luggage

Damage has not yet been made good.	Damage was made good on
\Box Invoice(s) for the sum of \in enclose	d.
Person responsible for damage (name, address):	