



ITN APPLICATION FOR INSURANCE
ACKNOWLEDGEMENT OF TRADING TERMS

WE REQUEST THAT YOU PLEASE ACKNOWLEDGE A CLEAR UNDERSTANDING OF OUR TRADING TERMS AND CONDITIONS AND OUR MINIMUM LIMITS OF LIABILITY. WE HEREBY ACKNOWLEDGE THAT WE HAVE READ THE STANDARD TRADING TERMS AND CONDITIONS, DATED MAY 2005 FROM INTEGRAL TRANSPORTATION NETWORKS CORPORATION (ITN CORPORATION), AND ITN'S MINIMUM LIMITS OF LIABILITY. WE AGREE AND ACCEPT THE TRADING TERMS AND CONDITIONS.

COMPANY NAME SIGNATURE

DATE TITLE

DO YOU REQUIRE TRANSPORT INSURANCE COVERAGE? YES NO
HAS YOUR COMPANY PREVIOUSLY HAD TRANSPORT INSURANCE CLAIMS? YES NO

IF YOU WOULD LIKE ITN TO COVER YOUR TRANSPORT INSURANCE, PLEASE COMPLETE THE FOLLOWING INFORMATION TO PROCESS YOUR APPLICATION, WHICH MAY GIVE YOU ACCESS TO INSURANCE COVERAGE PROVIDED BY OUR OPEN CARGO MARINE POLICY:

COMPANY
STREET ADDRESS
CITY PROVINCE POSTAL CODE

WE, AS STATED ABOVE DO HEREBY REQUEST THAT ITN ARRANGE INSURANCE ON ALL FUTURE SHIPMENTS THEY HANDLE THROUGH THEIR FORWARDING SERVICES AS NOTED:

TRUCK FREIGHT () PREMIUM MINIMUM
AIR FREIGHT () PREMIUM MINIMUM
SEA FREIGHT () PREMIUM MINIMUM
DEDUCTIBLE \$250.00 each accident or occurrence adjusted separately against each and every loss

DESCRIPTION OF GOODS SHIPPED

IF YOU HAVE HAD PREVIOUS TRANSPORT INSURANCE CLAIMS, PLEASE CAN YOU PROVIDE DETAILS TO THE CLAIM?

IT IS UNDERSTOOD THAT INSURANCE COVERAGE WILL BE ARRANGED SUBJECT TO TERMS AND CONDITIONS AGREED PRIOR TO SHIPMENT. PLEASE NOTE THAT THE INSURANCE YOU OBTAIN WILL BE SUBJECT TO THE TERMS AND CONDITIONS IN THE INSURANCE POLICY. IF YOU REQUIRE A COPY OF THE TERMS AND CONDITIONS, PLEASE ADVISE US. THE INSURED AMOUNT IS TO BE CALCULATED ON THE TOTAL OF THE FOLLOWING AS CHECKED:

COST OF GOODS + 10% ()
FREIGHT ()
DUTY & TAXES ()
OTHER (SPECIFY) ()

REQUESTED BY TITLE

SIGNATURE DATE

ON BEHALF OF ITN;

SIGNATURE DATE