

ITN APPLICATION FOR INSURANCE ACKNOWLEDGEMENT OF TRADING TERMS

LIABILITY. WE HEREBY ACKNOWL	acknowledge a clear understan edge that we have read the St <i>a</i> rporation (ITN Corporation), a	ANDARD TRADING TERMS AND (Conditions, dated May 2005	FROM INTEGRAL
Company Name	Signatur	2E		
Date	TITLE			
HAS YOUR COMPANY PREV IF YOU WOULD LIKE ITN TO (APPLICATION, WHICH MAY GIVE YO COMPANY	ORT INSURANCE COVERAGE? IOUSLY HAD TRANSPORT INS COVER YOUR TRANSPORT INSURAN DU ACCESS TO INSURANCE COVERAGE	ICE, PLEASE COMPLETE THE		PROCESS YOUR
STREET ADDRESS	Province	Postal Co)DE	
	reby request that ITN arrang			THROUGH THEIR
Truck Freight () Air Freight () Sea Freight () Deductible \$25	Premium Premium Premium 0.00 each accident or occurre	Minimum Minimum		955
DESCRIPTION OF GOODS SHIPPED				_
IF YOU HAVE HAD PREVIOUS TRAN	SPORT INSURANCE CLAIMS, PLEASE C	CAN YOU PROVIDE DETAILS TO T	HE CLAIM?	
PLEASE NOTE THAT THE INSURAN COPY OF THE TERMS AND CONDIT CHECKED: COS FRE DUT	NCE COVERAGE WILL BE ARRANGED CE YOU OBTAIN WILL BE SUBJECT TO FIONS, PLEASE ADVISE US. THE INS T OF GOODS + 10% () IGHT () Y & TAXES () IER (SPECIFY) ()	O THE TERMS AND CONDITIONS SURED AMOUNT IS TO BE CALC	IN THE INSURANCE POLICY.	F YOU REQUIRE A E FOLLOWING AS
REQUESTED BY		Title		_
SIGNATURE		Date		_
ON BEHALF OF ITN;				
SIGNATURE		DATE		