

**APPLICATION FOR INSURANCE OF EXHIBITS  
OF 13<sup>TH</sup> INTERNATIONAL ART FAIR 'ART MOSCOW 2009'**

Attachment № \_\_\_\_\_  
to the Policy of Insurance of Exhibits № \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / 09  
the blanks above are to fill in by the Insurer

By completing the Application for Insurance of Exhibits (hereinafter referred to as the present Application), the Insured is requested to provide the Insurer with all the necessary information for conclusion of insurance contract. The Insured is prompted to tick the box  next to one of the proposed answers in accordance with the choice of the Insured or to fill in the referring blanks. The reliability of the provided information as well as the acceptance by the Insured of the terms of the special *Insurance Program for Exhibits of 13th International Art Fair 'ART MOSCOW 2009'* is to confirm by the signature and stamp of the Insured.

**1. INSURED**

- 1.1. Insured: \_\_\_\_\_  
Please, indicate the name of the organization and its corporate form
- 1.2. Domicile status:  Resident of Russian Federation  Non-Resident of Russian Federation
- 1.3. Bank details (requisites): TPI No: \_\_\_\_\_ KPP code: \_\_\_\_\_  
Account No: \_\_\_\_\_ at: \_\_\_\_\_  
Corr.Acc.No: \_\_\_\_\_ at: \_\_\_\_\_  
BIC: \_\_\_\_\_ IBAN: \_\_\_\_\_  
(for Non-Residents)
- 1.4. Registered Seat: Index: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_  
St. Address: \_\_\_\_\_
- 1.5. Actual Location Address: index: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_  
St. Address: \_\_\_\_\_
- 1.6. Data of the person properly authorized to sign the insurance contract:  
Full Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Authority: \_\_\_\_\_
- Data of the person to contact with respect to the insurance matters:  
Full Name: \_\_\_\_\_  
Contact details: Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
(optionally)  
e-mail: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
(optionally)

**2. LOSS PAYEE**

- Tick if Loss Payee is the same as the Insured  
or  
 'For the Account of Whom It May Concern' (i. e. if the owner of the artworks is other than the Insured)

**3. EXHIBITS AND SUM INSURED**

- 3.1.  Tick if the **List of Exhibits (with the corresponding sums insured indicated therein)** is attached
- 3.2. **Sum Insured in total:** Currency: \_\_\_\_\_ Amount: \_\_\_\_\_

**4. INSURANCE TERMS AND CONDITIONS**

The insurance coverage for Exhibits (artworks to be insured) indicated in the Part 3 of the present Application is granted on the base of terms and conditions of the special *Insurance Program for Exhibits of 13th International Art Fair 'ART MOSCOW 2009'* (hereinafter referred to as Program).

The Insured is strongly advised to learn the terms and conditions of the Program on the official web-site of *AlfaStrakhovanie, PLC* (<http://www.alfastrah.ru>) or on the official web-site of the company *EXPO-PARK Exhibition Projects, Ltd.* (<http://www.expopark.ru>). The terms and conditions of the Program can also be provided upon request submitted by the Insured via e-mail [art@alfastrah.ru](mailto:art@alfastrah.ru).

**5. LOCATION**

Exhibition Address: Index: 119049 State: Russia City: Moscow  
St. Address: 10, Krymskiy Val ('Central House of Artists') Booth № \_\_\_\_\_

**6. PERIOD OF INSURANCE**

- 6.1. (Option 1)  **23<sup>rd</sup> through 27<sup>th</sup> September 2009**  
(if the insurance coverage is needed for the exhibition period only)
- или
- (Option 2)  **21<sup>st</sup> through 29<sup>th</sup> September 2009**  
(if the insurance coverage is needed for the whole period of event, including *Preview*, inauguration ceremony, exhibition, as well as mounting and dismantling of the artworks and their handling)
- или
- (Option 3)  **'nail to nail' coverage**  
(if the insurance coverage is needed for the whole period of event, including *Preview*, inauguration ceremony, exhibition, mounting, dismantling and handling procedures, as well as transits before and after 'ART MOSCOW 2009' (i. e. on the route from the Insured's premises to the event and back)

6.2. If the Insured's choice is Option 3 ('nail to nail' coverage), the following information is to be provided:

Insured period: from \_\_\_\_\_ till \_\_\_\_\_

Route while in transit:  **Before the event (1)**

Route (1): \_\_\_\_\_  
Please, indicate the route of transit of the Exhibits before the event

Shipping Company (1): \_\_\_\_\_  
Please, indicate the name and corporate form of the Shipping company

**After the event (2)**

Route (2): \_\_\_\_\_  
Please, indicate the route of transit of the Exhibits after the event

Shipping Company (2): \_\_\_\_\_  
Please, indicate the name and corporate form of the Shipping company

**7. SUPPLEMENTARY INFORMATION**

7.1. Please, submit additional information on the risk:

**8. ATTACHMENTS**

Please, indicate the attached documentation forming part of the present Application with the quantity of sheets therein.

**List of Exhibits** (with the corresponding sums insured indicated therein) – Attachment 1 on \_\_\_\_\_ sheet (-s)

**Other:** \_\_\_\_\_ on \_\_\_\_\_ sheet (-s)

Please, indicate which documents are additionally attached

**9. DECLARATION AND SIGNATURE**

By signing here below, the Insured confirms that

- the Insured took notice of of *Insurance Program for Exhibits of 13th International Art Fair 'ART MOSCOW 2009'* provided by the Insurer, accepted the program's terms and conditions and shall observe them (the terms and conditions of the Program are set forth on the official web-site of AlfaStrakhovanie, PLC at the url-address <http://www.alfastrah.ru> and on the official web-site of the company EXPO-PARK – Exhibition Projects at the url-address <http://www.expopark.ru>, and they can also be provided upon request of the Insured submitted via e-mail [art@alfastrah.ru](mailto:art@alfastrah.ru));
- the information provided by the Insured in the present Application is reliable and true, and no substantial information which might influence the Insurer's decision with respect to acceptance or rejection of the risk was concealed or misrepresented;
- the Insured is aware that once the insurance contract (Policy) is concluded and if it becomes evident that the Insured knowingly informed the Insurer in an inaccurate or improper way, the Insurer is entitled to use sanctions specified in the article 944 of the Chapter 48 of the Civil Code of the Russian Federation;
- the fact of completing of the present Application does not oblige the Insured to conclude the insurance contract (Policy), and yet, once such a contract is concluded, the present Application becomes its integral part and the information provided herein is used by the Insurer for the risk evaluation;
- the Insurer is entitled to verify the accuracy and reliability of the information provided herein before the insurance contract (Policy) is concluded as well as to request further (supplementary) information which the Insurer might consider to be substantial for the evaluation of the risk.

Date: \_\_\_\_\_

Signature  
of the authorized person

Stamp /

Signature

Clarification of signature

