Request For Insurance Coverage For Exhibits

Date: ______

Please insure the items shown on the attached list under the Duke University exhibits coverage according to the information below:

1. Name or description of exhibit:
   ______

2. Name of Owner(s):
   ______

3. Person or firm responsible for assignment of values of items:
   ______

4. Total amount of insurance requested:
   ______

5. Date insurance is to begin:
   (This is the date on which Duke University accepts custody. Does not cover transportation to Duke when packing and shipping are done by other than Duke employees.)

6. Date insurance is to be cancelled:
   (This is the date on which the exhibit is over and the exhibit is sent back.)

7. Location of exhibit.
   (If more than one location, show amount in each):
   ______

8. Account code to be charged for insurance premium:
   ______

9. Signature of person responsible for cost center:

   __________________________

REMARKS:

   ______

Complete form and return to:
Corporate Risk Management
Box 104143
Telephone: (919) 684-6226
Fax: (919) 684-6988
E-mail: corprisk@duke.edu