SHOW: _____

COMPANY: _____

BOOTH # _____

DOMESTIC ITEMIZED INSURANCE INVENTORY VALUATION LIST

1. **To purchase insurance for less than $10,000 and shipment contains NO computer equipment.** Write total dollar amount of insurance purchased next to total and complete bottom portion of form (NO itemized list is necessary)
2. **To purchase insurance for more than $10,000 or shipment contains computer equipment**. Complete itemized insurance inventory valuation list in full. ALL items must be insured.
   (Additional charges apply)

Please note Adcom Worldwide does not automatically insure the contents of your shipment. When no excess value is insured, liability is limited. If you desire the additional protection, please mark the INSURANCE BOX on the Adcom way bill and please mark the appropriate box below to indicate you want to purchase All Risk insurance. All risk insured domestic shipments are to be valued at full invoice value. Include the cost of reusable shipping cases in your insured value. Damage or loss to used goods is at replacement value.

Our policy requires an inventory containing box numbers, contents description (including serial and model numbers for electronic equipment) and value insured. Complete this form and fax a copy to ADCOM WORLDWIDE at 1-703-684-3925 prior to your pick-up plus hand deliver a copy to the driver at the time of your pick-up. Thank you!

Box Number	Contents (specify container type)	Contents Value	Case Insured? Yes/No	Case Value	Total Insurance Amount
				TOTAL	

I understand that in the absence of a declared insurance value amount on accompanying *Itemized Insurance Inventory Valuation List*, for domestic shipments liability shall in no event exceed $0.50/lb. All shipments are subject to the Terms and Conditions as shown on our website at http://adcomworldwide.com/pdf/t&c.pdf. For further information see our Insurance Guideline.

Please check the appropriate box(s):

- ☐ **NO** – we do not need to purchase insurance from **ADCOM WORLDWIDE**
- ☐ **YES-**We want to purchase insurance:
  - ☐ Round trip Insurance (Adcom will require an updated inventory sheet for the return shipment)
  - ☐ One way-Only

ADCOM WORLDWIDE Bill of Lading Number | Company Name | Date

Name | Title | Signature

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www.adcomworldwide.com

Save Form | Print Form

For office use: D/E date: _____ D/E initials: _____ OPS Copy Onsite Copy