



INSURANCE DECLARATION

NAME: _____

DATE: _____

Select your required cover:

Periods Covered
<input type="checkbox"/> Transit
<input type="checkbox"/> Transit with Storage Extension
<input type="checkbox"/> Storage Only

Total value your goods to be Insured

Should you require cover for Valuables:

Please list and value any antique, curio, piece of jewellery, plate, precious object, work of art, fine art, medal, money, coin, stamp, collection of items, fur, piece of precision equipment or professionally packed carton by the removal company whose value exceeds \$1,000 in the table below.

Attach a detailed inventory if you need more space.

Specified Item	Value	Specified Item	Value
TOTAL INSURED VALUE			\$

All Other Goods:

TOTAL INSURED VALUE	\$

TOTAL DECLARED VALUE	\$
-----------------------------	-----------

Declaration:

I declare that the above values are correct to the best of my knowledge and that I have informed the Removal Company about anything which could affect the risk.

I have received a copy of the FSG, Policy Wording and PDS.

SIGNATURE _____

DATE _____