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PROPOSAL FORM FOR INTERNATIONAL MOVEMENT OF HOUSEHOLD GOODS

Insured:

Origin:

Moving by: Sea

Destination:

Date:

Currency Type:

IMPORTANT – Please read carefully the notes below.

(i) It is important to reiterate that you must declare the full replacement value of the goods at destination as the policy is subject to average and you will have to bear a proportionate part of any loss or damage to articles not insured for their full replacement value. Please remember that replacement value at destination may be more than in the country of origin.

B- CHINA GLASSWARE		
<i>ARTICLE</i>	<i>QTY</i>	<i>VALUE</i>
	TOTAL	

C- SILVER AND COLLECTIBLES		
<i>ARTICLE</i>	<i>QTY</i>	<i>VALUE</i>
	TOTAL	

D- MISCELLANEOUS		
<i>ARTICLE</i>	<i>QTY</i>	<i>VALUE</i>
CAMERAS		
CAMERA ACCESSORIES		
MOVIE CAMERA		
HOLIDAY DECORATIONS		
RELIGIOUS DECOR		
PIANO		
CLOCKS		
SEWING MACHINE		
MUSICAL INSTRUMENTS		
PICTURES		
LAMPS		
MIRRORS		
BINOCULARS		
	TOTAL	

E HIGH VALUE ITEMS		
<i>ARTICLE</i>	<i>qty</i>	<i>Value</i>
ANTIQUES		
PAINTINGS		
	Total	

F- DINING ROOM		
ARTICLE	QTY	VALUE
TABLE		
CHAIRS		
RUGS-CARPETS		
LAMPS		
SHELVING		
	TOTAL	

G- LIVING ROOM		
ARTICLE	QTY	VALUE
SOFA		
CHAIRS		
SIDE TABLES		
DESK		
RUGS-CARPETS		
DRAPES		
PIANO BENCH		
COFFEE TABLE		
SHELVING UNITS		
LAMPS		
	TOTAL	

H- FAMILY ROOM		
ARTICLE	QTY	VALUE
PAPERBACK BOOKS		
HARDCOVER BOOKS		
REFERENCE BOOKS		
CHAIRS		
RUGS-CARPETS		
SOFA		
TABLES		
DESK		
SHELVING UNITS		
TOYS		
GAMES		
	TOTAL	

MECHANICAL AND ELECTRICAL DERANGEMENT *

(This coverage will not be included unless additional insurance is purchased to cover these items.)

ARTICLE	QTY	VALUE

	TOTAL	
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SUMMARY

	VALUE
A- ELECTRICAL	
B- FINE CHINA AND GLASSWARE	
C- SILVER	
D- MISCELLANEOUS	
E- HIGH VALUE ITEMS	
F- DINING ROOM	
G- LIVING ROOM	
H- FAMILY ROOM	
I- KITCHEN	
J- MASTER BEDROOM	
K- BEDROOM	
L- BEDROOM	
M- BEDROOM	
N- LINENS/BATHROOM	
O- PATIO	
P- CLOTHING	
Q- BASEMENT/ATTIC	
PAIRS AND SETS*	
MECHANICAL AND ELECTRICAL DERANGEMENT*	
	SUBTOTAL
	MOVING CHARGES
	TOTAL

MOTOR VEHICLES

SEPARATE CERTIFICATE WILL BE ISSUED
SUBJECT TO ISSUE OF PRE-SHIPMENT VEHICLE CONDITION REPORT

MAKE(s)
MODEL(s)
YEAR(s)
VALUE(s)

***This coverage will not be included unless additional insurance is purchased to cover these items.**

I declare that I have disclosed all material facts and that failure to do so could render the insurance void. I declare that the amounts stated above are the full values of the goods at destination. I have read the terms and conditions of insurance, and I understand that these will form the basis of the proposed contract between me and the insurers.

DATE _____ Signature of Customer (Insured) _____