INSURANCE DECLARATION – LUMP SUM

NAME: _____ **DATE:** _____

Select your required cover:

Periods Covered

- ❑ Transit
- ❑ Transit with Storage Extension

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**_____