

INSURANCE PROPOSAL FORM - OWNER PACKED GOODS

Name		Ref		Destination and country	
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1. Select your cover

All Risks including damage, Cover A	
<input type="radio"/>	Charged at 5% of the Total Value, subject to IPT at the current rate
Loss & Theft Only, Cover B	
<input type="radio"/>	Charged at 3.5% of the Total Value, subject to IPT at the current rate
If Type of Cover is not selected above 'Cover A' will apply	
The following categories are specifically excluded: Bonds, Securities, Stamps, Manuscripts, Documents, Electronic Data, Plants, Perishables, Furs exceeding £100, Jewellery, Watches, Precious Stones and Metals, Money, Coins, Deeds, Animals, Birds or Fish. For a complete list of excluded items, see policy wording.	

2. Value your goods

INDIVIDUAL BOX/ PACKAGE/ CASE VALUES				LIST ANY ITEM WITH A VALUE OVER £250 (All Fragile/Electric items with replacement values over £250, and Bicycles over £750 must be crated/ply cased in order to be insured)			REPLACEMENT COST AT DESTINATION Value £
				Item	Box no.	Item Value £	
Box 1		Box 11		e.g. bicycle			
Box 2		Box 12					
Box 3		Box 13					
Box 4		Box 14					
Box 5		Box 15					
Box 6		Box 16					
Box 7		Box 17					
Box 8		Box 18					
Box 9		Box 19					
Box 10		Box 20					

Run out of space? No problem! You can include the details on a separate sheet of paper and include it with this form. Remember to sign and date any continuation pages.

Unless individual box values are declared on this form, settlement of any future claim will be calculated on pro rata basis.

3. Add it up

TOTAL COMBINED BOX VALUE	£
FREIGHT CHARGES VALUE (shipping charges will be refunded in the event of loss of entire consignment)	£
TOTAL (Total combined box value + Freight charges value)	£

4. Sign

Demands and needs: By signing this proposal form I confirm that I have received, read, and understood the policy wording and that the insurance cover meets my demands and needs.			
I understand and accept that any item not declared on this form will be uninsured and insurers will have no liability. I confirm that by ticking the box selecting "Cover B" that my personal effects will not be covered for damage or breakage during the whole removal process.			
Signature		Date	