

Application for All Risks Transit Insurance

Name of Moving Company _____

Client Name	Date Packed	Owner Packed	Professionally Packed	Moving by	Land	Sea	Air
				(tick)			

Moving From: _____ **To:** _____ **(Please state City/Country)**

Instructions: Declare the Replacement Cost at destination of all items in your shipment below or submit your own listing of all items and their Replacement Cost. **IMPORTANT: Items not declared and valued are not insured.**

CODE	QTY	ARTICLE	VALUE
A		1 - LIVING ROOM	
A1		SOFA(s)	
A2		CHAIR(s)	
A3		LAMP(s)	
A4		TABLE(s)	
A5		RUG(s) & CARPETS	
A6		BOOKCASE/WALL UNIT	
A7		CURTAINS & BLINDS	
A8		PICTURES & PAINTINGS	
A9		PIANO OR OTHER	
A10		MUSICAL INSTRUMENTS	
A11		TV(s)	
A12		VIDEO RECORDER	
A13		RADIO(s)	
A14		Hi-FI SYSTEM	
A15		RECORD PLAYER	
A16		CD PLAYER	
A17		SPEAKERS	
A18		CLOCKS	
A19			
A20			
A21			
A22			
A23			
A24			
A25			

CODE	QTY	ARTICLE	VALUE
B		2- DINING ROOM	
B1		TABLE(s)	
B2		CHAIR(s)	
B3		CHINA CABINET	
B4		BUFFET/SIDEBOARD	
B5		HOSTESS TROLLEY	
B6		LAMP(s)	
B7		RUG(s) & CARPETS	
B8		CURTAINS & BLINDS	
B9		MIRRORS	
B10		TABLE LINENS	
B11		PICTURES & PAINTINGS	
B12		WRITING BUREAU/DESK	
B13		CLOCKS	
B14			
B15			
B16			
B17			
B18			
B19			
B20			
B21			
B22			
B23			

CODE	QTY	ARTICLE	VALUE
C		3 - FAMILY ROOM/STUDY	
C1		CHAIR(s)	
C2		CURTAINS & BLINDS	
C3		SOFA	
C4		TABLE(s)	
C5		LAMP(s)	
C6		RUG(s) & CARPETS	
C7		DESK	
C8		BOOKCASE(s)	
C9		PICTURES & PAINTINGS	
C10			
C11			
C12			
C13			

CODE	QTY	ARTICLE	VALUE
D		4 - KITCHEN	
D1		TABLE(s)	
D2		CHAIR(s)	
D3		ELECTRICAL APPLIANCES	
D4		LINENS	
D5		UTENSILS/CUTLERY	
D6		POTS & PANS	
D7		OVEN	
D8		MICROWAVE OVEN	
D9		DISHWASHER	
D10		REFRIGERATOR	
D11		FREEZER	
D12		WASHING MACHINE	
D13		TUMBLE DRYER	
D14		IRON/IRONING BOARD	
D15		RUBBISH/GARBAGE BINS	
D16		FOOD (non perishable)	
D17		LIQUOR/WINE	
D18			
D19			
D20			
D21			

CODE	QTY	ARTICLE	VALUE
E		5 - CHINAWARE	
E1			
E2			
E3			
E4			
E5			

CODE	QTY	ARTICLE	VALUE
F		6 - CRYSTAL/GLASSWARE	
F1			
F2			
F3			
F4			
F5			

CODE	QTY	ARTICLE	VALUE
G		7 - SILVERWARE	
G1			
G2			
G3			
G4			
G5			
G6			

CODE	QTY	ARTICLE	VALUE
H		8 - ORNAMENTS/WORKS OF ART	
H1			
H2			
H3			
H4			
H5			

CODE	QTY	ARTICLE	VALUE
I		9 - ANTIQUES	
I1			
I2			
I3			
I4			

CODE	QTY	ARTICLE	VALUE
J		10 - SPORTS EQUIPMENT	
J1			
J2			
J3			
J4			
J5			

CODE	QTY	ARTICLE	VALUE
K		11 - LINENS/CLOTHING	
K1		BED LINEN	
K2		TABLE LINEN	
K3		BLANKETS	
K4		COATS/JACKETS	
K5		SUIT	
K6		DRESSES	
K7		TROUSERS/SLACKS	
K8		SWEATER	
K9		BLOUSE	
K10		SKIRTS	
K11		SHIRTS	
K12		SPORTSWEAR	
K13		NIGHTWEAR	
K14		TIES/SCARVES	
K15		FOOTWEAR	
K16		HOSIERY/SOCKS	
K17		UNDERWEAR	
K18			
K19			
K20			
K21			
K22			

CODE	QTY	ARTICLE	VALUE
L		12 - BEDROOM (MAIN)	
L1		BED(s)	
L2		CHAIR(s)	
L3		BEDSIDE TABLE(s)	
L4		DRESSING TABLE(s)	
L5		CHEST OF DRAWERS	
L6		MIRROR(s)	
L7		RUG(s)	
L8		LAMP(s)	
L9		CURTAINS & BLINDS	
L10		BOOKCASE(s)	
L11		WARDROBE/ARMOIRE	
L12			
L13			
L14			
L15			

CODE	QTY	ARTICLE	VALUE
M		13 - BEDROOM(s) (OTHERS)	
M1		BED(s)	
M2		CHAIR(s)	
M3		BEDSIDE TABLE(s)	
M4		DRESSING TABLE(s)	
M5		CHEST OF DRAWERS	
M6		MIRROR(s)	
M7		RUG(s)	
M8		LAMP(s)	
M9		CURTAINS & BLINDS	
M10		BOOKCASE(s)	
M11		WARDROBE/ARMOIRE	
M12			
M13			
M14			
M15			

CODE	QTY	ARTICLE	VALUE
N		14 - BATHROOM(s)	
N1		TOILETRIES	
N2		MEDICAL SUPPLIES	
N3		PERFUME/AFTERSHAVE	
N4		RUGS, TOILET COVERS	
N5		TOWELS	
N6		LAUNDRY BASKET	
N7		RAZORS	
N8		HAIRDRYER(s)	
N9		CABINET/SHELVES	
N10		MIRRORS	
N11			
N12			
N13			
N14			
N15			
N16			

CODE	QTY	ARTICLE	VALUE
P		15 - BASEMENT & GARAGE	
P1		WORKBENCH	
P2		TOOL BOX	
P3		HAND TOOLS	
P4		POWER TOOLS	
P5		LAWN MOWER	
P6		GARDEN TOOLS	
P7		PLANT HOLDERS	
P8		FURNITURE (PATIO)	
P9		LUGGAGE/TRUNKS	
P10		BBQ	
P11		BICYCLES	
P12			
P13			
P14			
P15			

18-AUTOMOBILE	
Year (Reg No.):	
Model:	
Chassis Number:	
Insured Value:	
<i>Non factory installed auto accessories must be separately listed and valued.</i>	
ITEM	VALUE

Insured Value	
£	
Household Goods	
Automobile	
GRAND TOTAL (£)	

Declaration of the Proposer

I declare that I have disclosed all material facts and understand 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 confirm that I have declared all items that I wish to insure with all details requested. I have listed separately all items of above average value and provided a detailed list of all owner packed items.

I have read the keyfacts policy summary accompanying this document and understand that these shall form the basis of the proposed contract between me and the Insurers.

Signature _____

Date _____

Please return the white & yellow pages to your Agent and retain the blue copy for your records.