



APPLICATION FORM FOR ALL RISK
REPLACEMENT INSURANCE COVERAGE

MOVER:	DEDUCTIBLE: YES <input type="checkbox"/> NO <input type="checkbox"/> \$ _____	TYPE OF COVERAGE REQUIRED: Repair/Replacement <input type="checkbox"/> Total Loss Only <input type="checkbox"/>
INSURED:	ORIGIN CITY, COUNTRY:	DATE PACKED:
DESTINATION: (COMPLETE ADDRESS)	MOVING BY: SEA <input type="checkbox"/> AIR <input type="checkbox"/>	

THIS IS NOT A CERTIFICATE OF INSURANCE

INSTRUCTIONS: Declare the Replacement Cost of all items in your shipment below or submit your own legible listing of items and their Replacement Cost.
Items not declared and valued are not insured. Under no circumstances will coverage attach for more than the insured amount.

A. LIVING ROOM			E. LINEN/CLOTHING			H. BEDROOM NO.1 (MASTER)			L. MISCELLANEOUS		
Article	No. Item	Replace. Cost	Article	No. Item	Replace. Cost	Article	No. Item	Replace. Cost	Article	No. Item	Replace. Cost
Sofa(s)			Coat(s)/Jackets			Chair(s)			Typewriter(s)		
Chair(s) - Ottomans			Suit(s)			Bed (s)			Clocks		
Lamp(s) & Shade(s)			Dresses			Night Table(s)			Bric-a-brac		
Table(s)			Sport Coats (s)			Dress. Table/Vanity			Baskets, Plant Holders		
Radio			Slack (s)			Bench			Toy & Games		
Stereo Equipment			Sweater(s)			Chest & Drawers			Food		
TV(s)			Blouse(s)			Mirror(s)			Liquor/Wine		
Rug(s) & Carpet(s)			Skirts(s)			Rug(s)			Sewing Machine		
Desk			Shirts(s)			Lamp(s)			Sewing Supplies		
Curtains & Drapes			Sleepwear			Curtains & Drapes			Sports Equip.		
Piano or Other Musical			Shoes			Bookcase(s)			Books		
Video Recorder			Boots			Desk(s)			Fireplace Equipment		
Bookcase/Room Divider			Hosiery/Socks			Armoire/Wardrobe			Bicycles		
B. Dining Room			Ties/Scarves			Other			Albums		
Table(s)			Underwear			I. BEDROOM NO. 2:			Audio Tapes		
Chair(s)			Lingeries			Chair(s)			Video Tapes		
China Closet			Sportswear			Bed (s)			Video Camera		
Buffet			Purses/Handbags			Night Table(s)			Computer		
Serving Table/Tea Cart			Hat/Gloves			Dress. Table/Vanity			Computer Acces.		
Lamps & Chandeliers			Sheet(s)			Chest & Drawers			M. Other (Specify)		
Rug(s) & Carpet(s)			Pillow Cases			Mirror(s)					
Curtains & Drapes			Spread (s)			Rug(s)					
Mirrors			Quilt (s)			Lamp(s)					
Table Linens/ Accessories			Blanket (s)			Curtains & Drapes					
C. KITCHEN			Comforters			Bookcase(s)					
Cleaning Supplies			F. BASEMENT & GARAGE			Desk(s)					
Dinette Set			(Excluding Car)			Armoire/Wardrobe			COLUMN SUB-TOTAL		0
Elec. Appliances			Workbench			J. BEDROOM NO. 3:			TOTAL HOUSEHOLD GOODS		
Cabinets/Tables			Tools: Hand			Chair(s)			\$		-
Kitchen Linens & Curtains			Tools: Power			Bed (s)					
Dishwasher			Vacuum Cleaner			Night Table(s)			Automobile:		
Oven/Range			Lawn Mower			Dress. Table/Vanity			Yr./Make:		
Microwave			Garden Tools			Chest & Drawers			Serial No.:		
Dishes			Furniture (Patio)			Mirror(s)			Replac. Cost at Dest.:		
Utensils/Cutlery			Luggage/Trunks			Rug(s)			Non-Factory Installed Auto Accessories		
Pots and Pans			Washing Machine			Lamp(s)			Must be Separately Listed & Valued		
Bowls, Trays, Etc			Ironer/Ironing Board			Curtains & Drapes					
Refrigerator/Freezer			Clothes Dryer			Bookcase(s)					
Trash/ Garbage Cans			Other			Desk(s)					
D. CHINA & GLASSWARE			G. BATHROOMS			Armoire/Wardrobe			TOTAL AUTOMOBILE		
China			Rugs, Toilet Covers			K. DEN/FAMILY ROOM			\$ -		
Glassware			Toilet Articles/Medical Supplies			Chair(s)					
Crystal			Towels, etc.			Curtains & Drapes					
SILVER			Clothes Hamper			Sofa			GRAND TOTAL		
			Trash Can			Table(s)					
			Cabinets, Shelves, Mirrors			Lamp(s)			\$		-
			Razors, Hair Dryers			Rug(s) & Carpeting					
			Make-up			Desk(s)					
			Perfume			Bookcase(s)/Wall Unit(s)					
COLUMN SUB-TOTAL		0	COLUMN SUB-TOTAL		0	COLUMN SUB-TOTAL		0			

PLEASE INSURE MY SHIPMENT FOR _____ WHICH REPRESENTS COST AT DESTINATION OF EVERYTHING IN MY SHIPMENT

SIGNATURE _____

DATE _____

Please retain a copy for your files