

# Insurance Proposal Form For Owner Packed Goods

## COVER YOUR GOODS RIGHT HERE

Name:	Ref:	Destination:
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Tool Chests and/or Rolling Tool Cabinets valued at £250 or more will not be covered unless accompanied by photographs (standard or digital) clearly depicting the condition of the item at time of shipment, and specified below.

Electrical items valued over £250 and bicycles valued over £750 will not be covered unless they are ply over-cased, and specified below.

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.

**TYPE OF COVER** (Please Tick One Box Only)

**All Risks including damage, Cover A**

Charged at 5% of the Total Value subject to IPT at the current rate

**Loss & Theft Only, Cover B**

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*

**TOTAL VALUE OF GOODS TO BE COVERED** (Please Tick One Box Only)

Up To £500 <input type="checkbox"/>	Up To £1,000 <input type="checkbox"/>	Up To £1,500 <input type="checkbox"/>	Up To £2,000 <input type="checkbox"/>	Up To £2,500 <input type="checkbox"/>
Up To £3,000 <input type="checkbox"/>	Up To £4,000 <input type="checkbox"/>	Up To £5,000 <input type="checkbox"/>	Or Specify Another Amount £	

<b>INDIVIDUAL BOX VALUES</b>				<b>Any Items Over £250?</b> <small>You Must Specify Them In The Space Below</small>		
Item	Value £	Item	Value £	Item	Box No	Item Value £
Box 1		Box 9				
Box 2		Box 10				
Box 3		Box 11				
Box 4		Box 12				
Box 5		Box 13				
Box 6		Box 14				
Box 7		Box 15				
Box 8		Box 16				

*Run out of space? No problem! You can include the details on a separate sheet of paper and include it with this form*

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

I confirm that this proposal form shall form the basis of the Mover accepting transit insurance in accordance with The Shipper's Summary of Insurance on the reverse of this form, which I have read and understood. I realise that any item not declared on this form will be limited as per clause 8 of the Terms and Conditions.

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:
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Please complete and return to Head Office, 1st Contact, Drury Way, London, NW10 0HZ  
Tel 020 8838 8000, Email: [Shipping@1stcontactshipping.com](mailto:Shipping@1stcontactshipping.com)