

PROPOSAL FORM FOR COMMERCIAL OFFICE MOVING

(Use additional forms for more than one origin or destination)

Date: _____

Name of Proposer: _____

Contact Person: _____ Email: _____

Position: _____ Contact number: _____

ORIGIN ADDRESS: _____

DESTINATION ADDRESS: _____

(Coverage for movements between storage locations must be agreed in writing prior to attachment of insurance and additional premium paid.)

Direct Move point-to-point without storage - Date of transit: ____/____/____ (MM/DD/YY) / No. of days to complete: ____

Move via store
(date of packing _____ & period of storage _____ months) Storage location: _____

DEDUCTIBLE (Per Claim): US\$100.00

Valuation: Please detail the total value of everything that is to be moved: _____.

(Kindly attach a list or fill in the schedule provided at the bottom.)

ADVICE ON HOW TO PROCEED WITH THIS DECLARATION

- (i) Please include every item that you intend to move under the appropriate category. Use additional sheets of paper if necessary or attach your own spread sheet.
- (ii) Please ensure that any item valued individually at more than **US\$500.00 (or equivalent)** is listed separately. You are responsible for demonstrating the value of all items.
- (iii) For coverage terms and conditions, please see reverse.

PLEASE INDICATE CURRENCY :

QTY	DETAILS	VALUE
I	DESKS	
II	CHAIRS	
III	CABINETS	
IV	SHELVES	
V	CARPETS	
TOTAL COLUMN (1)		

QTY	DETAILS	VALUE
VI	PRINTERS	
VII	COMPUTERS	
VIII	COMPUTER MISC	
IX	TELEPHONE SYSTEM	
X	OTHER OFFICE APPLIANCES	
TOTAL COLUMN (2)		

QTY	DETAILS	VALUE
XI	STATIONERY	
XII	PANTRY	
XIII	MISC	
XIV	HIGH VALUE ITEMS	
TOTAL COLUMN (3)		

I/WE declare that the interests specified on this proposal form (page 1) constitute the entire contents of my/our shipment of household goods and personal effects. I/We further declare that I/we have read the terms & conditions & exclusions etc herein and overleaf and understand that these shall form the basis of the contract with the insurers.

Signature: _____

Date : _____