

# **SCHEDULE OF INSURANCE RATES**

**To calculate Premium:**  
**Declared Value x \$ rate divided by \$1000**

	% of Declared Value of Goods Minimum Cover Available - \$10,000
	<b>FULL COVER</b>
<b>LOCAL REMOVALS</b>	<b>\$12.50/\$1000</b>
<b>COUNTRY REMOVALS</b>	<b>\$18.50/\$1000</b>
<b>INTERSTATE REMOVALS</b>	<b>\$22.00/\$1000</b>
<b>STORAGE</b>	<b>\$2/\$1000/MONTH</b>

## **ACCEPTANCE OF QUOTATION**

In order to accept a quotation provided by **Furniture Freighters please phone 1800 992 049** to advise our office of your acceptance and desired removal date. Upon confirmation of your booking via telephone please return signed Acceptance to PO Box 499, Kellyville, NSW 2155 or scan and email to [info@furniturefreighters.com.au](mailto:info@furniturefreighters.com.au)

### 1. **ACCEPTANCE BY CUSTOMER**

I/ We accept the attached quotation and the Conditions of Removals & Storage and agree to pay all appropriate charges in the prescribed manner. I certify that the information provided is true and correct. I have read and understand the Australian Furniture Removers Association Contract for Removal and Storage and the accompanying Appendix A (Overleaf) which forms part of, and are both intended to be read in conjunction with this Quotation and agree to be bound by those conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

### 2. **INSURANCE**

I/ We confirm that:

- The Declared Value of goods set out in our insurance paperwork is true and correct
- I am aware that any undervaluation may result in a claim being reduced
- I/ We have received the FF Insurance Pack (including policy wording, Customer FSG & PDS)
- I/ We have received the Conditions of Removals & Storage (overleaf of quotation)
- I understand that for my insurance cover to be in place (if required) I must complete and return the Insurance Declaration no later than 3 working days before my removal

Declaration no later than 3 working days before my removal

☐ **Tick this box if you do not require insurance**

### 3. **COMPANY PAYMENT**

If the removal and/ or storage account is to be paid by a company or organisation then please provide relevant contact details for the person authorising payment and provide a purchase order or written confirmation of responsibility to pay on company letterhead prior to work commencing.

### 4. **DEPOSIT**

In order to secure your booking a **deposit of 10% of your removal cost is required on a fixed price removal quotation.** Hourly rate removals require a deposit of one hour of the removal rate. This may be paid via direct deposit, credit card or personal cheque or can be returned with this acceptance. Deposits are non-refundable within 21 days of removal date in the event of cancellation. They are transferrable to a new date provided there is availability.

Bank Details: Furniture Freighters NSW,

BSB: 062 098

ACC 1004 2074, Please use **last name** as reference

Name ..... Signed ..... Date .....