FURNITURE FREIGHTERS

Removals & Storage Call: 1800 992 049 www.furniturefreighters.com.au

MEMBER afra Australian Furniture Removers Association

INSURANCE DECLARATION

NAME: _____ **DATE:** _____

Select your required cover:

Periods Covered

- ❑ Transit
- ❑ Transit with Storage Extension

Total value your goods to be Insured

Should you require cover for Valuables:

Please list and value any Antique, curio, work of art, fine art, fur, piece of precision equipment whose value exceeds $1,000 in the table below.

Attach a detailed inventory if you need more space.

Specified Item		Value	Specified Item	Value
			TOTAL INSURED VALUE	$

All Other Goods:

TOTAL INSURED VALUE	$

TOTAL DECLARED VALUE	$

Declaration:

I declare that the above values are correct to the best of my knowledge and that I have informed the Removal Company about anything which could affect the risk.

I have received a copy of the FSG, Policy Wording and PDS.

SIGNATURE_____ **DATE**_____