



**COMMERCIAL INSURANCE DECLARATION**

**NAME:** \_\_\_\_\_, **AS AUTHORISED REPRESENTATIVE OF THE COMPANY:** \_\_\_\_\_

**FOR THE RELOCATION ON:** \_\_\_/\_\_\_/\_\_\_, **FROM ADDRESS:** \_\_\_\_\_, **TO ADDRESS:** \_\_\_\_\_.

**QUOTE TABLE:**

View the Quotes in the table below for the premium payable for the total value of your goods: (All prices are inclusive of GST)

\$ Total Value of your Goods	Restricted Cover Premium (transit only)	Full Cover Premium (load, transit, unload)	Storage Cover Premium (per month)
Up to \$9,999	\$30	\$140	\$25
\$10,000 to \$29,999	\$30	\$260	\$25
\$30,000 to \$59,999	\$60	\$520	\$55
\$60,000 to \$89,999	\$90	\$780	\$85
\$90,000 to \$119,999	\$120	\$1040	\$115
\$120,000 to \$150,000	\$150	\$1300	\$145

A \$250 customer excess applies for any total claim.

**SELECTION TABLE**

Enter your declared total value of goods in the Selection Table table below and then select the Cover Premium payable that matches the value from the Quote Table above:

Insurance Risk	Basis of Settlement (tick)	Declared Total Value of goods	Insurance Cover Premium
Restricted Cover	<input type="checkbox"/> Market Value OR	\$	\$
	<input type="checkbox"/> Replacement Cost		
Full Cover	<input type="checkbox"/> Market Value OR	\$ (complete Itemized Value Table on page 2)	\$
	<input type="checkbox"/> Replacement Cost		
Storage Cover	<input type="checkbox"/> Market Value OR	\$	\$ per month
	<input type="checkbox"/> Replacement Cost		
<b>Total Insurance Cover Premium payable</b>			\$

**Insurance Risk:** If Full Cover Insurance is selected, then the individual value of each of your goods must be itemized that make up the Total Declared Value for Full Cover. Use the table on page 2 or attach a separate itemized list.

**Basis of Settlement:** If you have selected Replacement Cost, ensure that you estimate the cost of new goods of similar type. If you have selected Market Value Cover, estimate the amount which your goods would be worth. Remember that if you underestimate the value by less than 80%, the amount of your claim may be reduced

**Declared Total Value:** Enter the total value of your goods for each risk of cover that you require.

**Insurance Cover Premium Payable:** select the premium amount payable that matches your declared value from the quotes provided. Add the premiums to calculate your total premium payable.

**INSURANCE PAYMENT TERMS**

The Total Insurance Cover Premium is payable prior to commencement of the relocation by: Visa, MasterCard, EFT, Amex or Diners (A 2% surcharge applies for Amex of Diners)

Please note that if payment is not received by the time the relocation begins then no insurance can be offered.

Credit card payment for the amount of (for **Total Insurance Premium Payment**): \$ \_\_\_\_\_

(describe in words: \_\_\_\_\_ dollars )

Card number: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ , Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_, Signature: \_\_\_\_\_

If you have selected Storage Insurance cover, please sign here to authorize that the monthly storage premium can be deducted from your above credit card in advance of each month for the duration that you are in storage: Signature: \_\_\_\_\_

**DECLARATION** - I declare that the above values and the individual itemized values on page 2. are correct, to the best of my knowledge, and that I have informed MetroMovers about anything which could affect the risk.

I have received a copy of the FSG and PDS and Policy Wording Documents and I have read, understand and accept the conditions.

**SIGNATURE:** \_\_\_\_\_

**DATE TODAY:** \_\_\_\_/\_\_\_\_/2011

