



RESIDENTIAL INSURANCE DECLARATION

NAME: _____, FOR MY 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 your goods in the Selection 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 <input type="checkbox"/> Replacement Cost	\$ (complete Itemized Value Table on page 2)	\$
Storage Cover	<input type="checkbox"/> Market Value OR <input type="checkbox"/> Replacement Cost	\$	\$ per month
Total Insurance Cover Premium payable			\$

Insurance Risk: If Full Cover Insurance is selected, then the Itemized Value Table on page 2 must be used to itemize the individual value of each of your goods that make up the declared total value for Full Cover.

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.

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

INSURANCE PAYMENT TERMS

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

MetroMovers Residential Insurance Declaration (Page 2 of 2)

ITEMIZED VALUE TABLE

If **Full Cover Insurance** is selected, then the list below must be used to itemize the individual value of each of your goods. The Total Declared Value below must equal the Full Cover Declared Total Value of Goods in the Selection Table on page 1.

MAIN BEDROOM	VALUE	LOUNGE ROOM	VALUE	KITCHEN	VALUE	GENERAL	VALUE
Bed Mattress		Bookcase		Crockery		Air Conditioner (Port)	
Bedroom Suite		Books		Cutlery		BBQ	
Bedside Lamps		Carpet/rugs		Dishwasher (Mobile)		Bicycles	
Blankets/Linen		CDs		Electrical Appliances		Carpets	
Carpet/Rugs		Crystal/Ornaments		Food		Children's Playground	
Clothing-Gents		Cushions		Freezer		Clocks	
Clothing-Ladies		Lamps		Heaters (Portables)		Dog Kennel	
Dressing Table		Lounge Suite		High Chair		Garden Setting	
Pictures		Occasional Table		Kitchen Table/Chairs		Garden Tools	
T.V		Piano/Organ		Microwave		Golf Bag and Buggies	
Wardrobes		Pictures		Plastic & Glassware		Hobby Collections	
Side Chests		Records/Cassettes		Pots & Pans		Ladder	
SUB TOTAL VALUE		Stereo Equipment		Refrigerator		Lawnmower	
BEDROOM 2		Videos				Light Fittings	
Bed Mattress		Television				Outdoor Furniture	
Blankets/Linen				SUB TOTAL VALUE		Photographic Equip	
Clothing		SUB TOTAL VALUE		FAMILY ROOM		Pool Table	
Computer		HALLWAY		Bookcases		Radios	
Dressing Table		Hallstand		CDs		Suitcases	
Toys/Books		Lamps		Chairs/Lounge Suite		Trampoline	
T.V/Stereo		Rugs		Games/Toys		Tools	
Wardrobe		Telephone Table		Home Computer		Tools (power	
				Rugs		Window Dressing	
SUB TOTAL VALUE		SUB TOTAL VALUE		Sewing machine		Work Bench	
BEDROOM 3		DINING ROOM		Sports Equipment			
Bed Mattress		Buffet		Stereo			
Blankets/Linen		Carpets/Rugs		Television			
Clothing		Crystal Cabinets		Video			
Dressing Table		Cutlery Service		Video Tapes/DVDs		SUB TOTAL VALUE	
Nursery Equipment		Dining Suite		Musical instruments		TOTAL VALUES	
Toys/Books		Dinner Service		Lamp		General	
T.V/Stereo		Glassware				Master Bedroom	
Wardrobe		Liquor		SUB TOTAL VALUE		Bedroom 2	
				BATHROOM/LAUNDRY		Bedroom 3	
SUB TOTAL VALUE		SUB TOTAL VALUE		Cleaning Utensils		Bedroom 4	
BEDROOM 4		STUDY		Clothes Dryer		Lounge Room	
Bed Mattress		Bookcase		Iron/Ironing Board		Hallway	
Blankets/Linen		Books		Linen		Dining Room	
Clothing		CD Player		Linen Basket		Study	
Dressing Table		Chairs		Mops, Brooms etc		Kitchen	
Nursery Equipment		Computer		Toiletries		Family	
Toys/Books		Desk Chair		Vacuum Cleaner		Bathroom/Laundry	
T.V/Stereo		Filing Cabinet		Washing Machine			
Wardrobe		Lamp				Total Contents Sum	
						TOTAL DECLARED VALUE FOR FULL INSURANCE COVER	
SUB TOTAL VALUE		SUB TOTAL VALUE		SUB TOTAL VALUE			

Valuables: Please list and estimate the value of any antique, curio, piece of jewellery, plate, precious object, work of art, medal, money, coin, stamp, collection of items, fur, piece of precision equipment or professionally packed carton by MetroMovers whose value exceeds \$1000.00 in the table below. Attach a detailed inventory if you need more space.

Specified Item	Value	Specified Item	Value

Please complete and return your declaration by way of Fax: 03 9544-5516 , or scan and email to sales@metromovers.com.au or post to Po Box, 375, Mount Eliza, 3930.