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**PROPOSAL FORM FOR INTERNATIONAL
 MOVEMENT OF HOUSEHOLD GOODS**

Name of Insured:
 Origin:
 Moving by: Sea

Destination:
 Date:
 Currency Type:

IMPORTANT – Please read carefully the notes below.

(i) It is important to reiterate that you must declare the full replacement value of the goods at destination as the policy is subject to average and you will have to bear a proportionate part of any loss or damage to articles not insured for their full replacement value. Please remember that replacement value at destination may be more than in the country of origin.

A- ELECTRONIC COMPONENTS		
<i>ARTICLE</i>	<i>QUANTITY</i>	<i>VALUE</i>
TELEVISION		
HOME COMPUTER, PC		
SOFTWARE		
PROJECTION TV		
STEREO AMPLIFIER		
STEREO TUNER		
CASSETTE PLAYER		
VIDEO CAMERA		
VHS VIDEO PLAYER		
CD PLAYER		
TURNTABLE		
VIDEO GAMES		
VIDEO GAMES ASSORTED		
PRE-RECORDED CASSETTES		
PRE-RECORDED VIDEOS		
BLANK TAPES/CASSETTES		
COMPACT DISCS		
SPEAKERS		
CLOCK RADIOS		
WASHING MACHINES		
DRYER		
REFRIGERATOR		
DISHWASHER		
FREEZER		
WASH MACHINE		
COOKER		
MICROWAVE		
FOOD PROCESSOR		
OTHER		

	TOTAL	

F- DINING ROOM		
<i>ARTICLE</i>	<i>QTY</i>	<i>VALUE</i>
TABLE		
CHAIRS		
RUGS-CARPETS		
LAMPS		
SHELVING		
	TOTAL	

G- LIVING ROOM		
<i>ARTICLE</i>	<i>QTY</i>	<i>VALUE</i>
SOFA		
CHAIRS		
SIDE TABLES		
DESK		
RUGS-CARPETS		
DRAPES		
PIANO BENCH		
COFFEE TABLE		
SHELVING UNITS		
LAMPS		
	TOTAL	

H- FAMILY ROOM		
<i>ARTICLE</i>	<i>QTY</i>	<i>VALUE</i>
PAPERBACK BOOKS		
HARDCOVER BOOKS		
REFERENCE BOOKS		
CHAIRS		
RUGS-CARPETS		
SOFA		
TABLES		
DESK		
SHELVING UNITS		
TOYS		
GAMES		
	TOTAL	

	TOTAL	
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SUMMARY		<i>VALUE</i>
	A- ELECTRICAL	
	B- FINE CHINA AND GLASSWARE	
	C- SILVER	
	D- MISCELLANEOUS	
	E- HIGH VALUE ITEMS	
	F- DINING ROOM	
	G- LIVING ROOM	
	H- FAMILY ROOM	
	I- KITCHEN	
	J- MASTER BEDROOM	
	K- BEDROOM	
	L- BEDROOM	
	M- BEDROOM	
	N- LINENS/BATHROOM	
	O- PATIO	
	P- CLOTHING	
	Q- BASEMENT/ATTIC	
	PAIRS AND SETS*	
	MECHANICAL AND ELECTRICAL DERANGEMENT*	
	SUBTOTAL	
	MOVING CHARGES	
	TOTAL	

<p>MOTOR VEHICLES</p> <p>SEPARATE CERTIFICATE WILL BE ISSUED SUBJECT TO ISSUE OF PRE-SHIPMENT VEHICLE CONDITION REPORT</p>
<p>MAKE(s) MODEL(s) YEAR(s) VALUE(s)</p>

***This coverage will not be included unless additional insurance is purchased to cover these items.**

I declare that I have disclosed all material facts and that failure to do so could render the insurance void. I declare that the amounts stated above are the full values of the goods at destination. I have read the terms and conditions of insurance, and I understand that these will form the basis of the proposed contract between me and the insurers.

DATE _____ Signature of Customer (Insured) _____