



COMMERCIAL GOODS INSURANCE DECLARATION

BUSINESS NAME: _____ **DATE:** ____ / ____ / ____

Select your required cover:

Periods Covered:

Transit Storage

Risks Covered:

Full Cover Restricted Cover

Basis of Settlement:

Market Value Replacement Value

Itemise and value your goods

Use the List below to itemise the value of your goods. If you prefer, you may simply declare the Total Value of your goods. When estimating the value of your goods: If you have selected **Replacement Cost** cover, 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.

RECEPTION	VALUE
Reception Desk	
Reception Chair	
Visitor Chairs	
Settee	
Coffee Table	
Other	
TOTAL VALUE	
BOARDROOM	
Boardroom Table	
Boardroom Chairs	
Credenza	
Data Projector	
TV	
Video/DVD	
Other	
TOTAL VALUE	
OFFICES	
Exec Chairs	
Office Chairs	
Desks	
Visitors Chairs	
Credenza	
Meeting Tables	
Filing Cabinets	
Other	
TOTAL VALUE	
KITCHEN	
Fridge	
Microwave	
Coffee Machine	
Table	
Chairs	
Credenza	
Other	
TOTAL VALUE	

SHELVING	VALUE
Compactus	
Storage Units	
Other	
TOTAL VALUE	
IT EQUIPMENT	
Server	
Switches/Hub	
Patch Rack	
Notebook Computers	
Port Replicator	
PCs	
CRT (Rear Projection) Monitors	
TFT (Flat Screen) Monitors	
Mono Laser Printers	
Colour Laser Printers	
Inkjet Printers	
Electronic Whiteboard	
Fax	
Franking Machine	
Photocopier	
Other	
TOTAL VALUE	
TRAINING ROOM	
Chairs	
Credenza	
Data Projector	
TV	
Video/DVD	
Other	
TOTAL VALUE	
MISC	
Partitions	
Paper Shredder	
Water Cooler	
Pot Plants	
TOTAL VALUE	
TOTAL DECLARED 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 the removal company whose value exceeds \$1000.00 in the table below. Attach a detailed inventory if you need more space.

SPECIFIED ITEM	VALUE

SPECIFIED ITEM	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 and PDS.

X YOUR SIGNATURE: _____ **DATE:** ____ / ____ / ____