Willis

Willis Relocation Risk Group

Application for All Risk Transit Insurance

This is NOT Confirmation of Insurance

Name of Insured:	Origin City, Country	Date Packed:
Destination (City, State, Country):	Moving by:	CLICK HERE >
Email Address	Instructions: Declare the Replacement Cost at destination of all items in your shipment below or submit your own legible listing of items and their Replacement Cost. Replacement costs should include shipping costs. Items not declared and valued are not insured. Items of dissimilar value should be separately declared.	

Articles	No. Items	Replacement Cost
A. LIVING ROOM		
Bookcase/Room Divider		
Sofa		
Love Seat		
Chair(s)/Ottoman(s)		
Cushions/Pillows		
Lamp(s)		
Coffee/Center Table		
Other Table(s)		
Rug(s)/Carpet(s)		
Curtains/Drapes/Blinds		
Mirror(s)		
	Sub-Total	
B. DINING ROOM		
Table		
Chair(s)		
China Closet		
Buffet		
Serving Table/Tea Cart		
Lamp(s)/Chandelier(s)		
Rug(s)/Carpet(s)		
Curtains/Drapes		
Mirror(s)		
Table Linen/Accessories		
Curtains/Drapes/Blinds		
	Sub-Total	
C. CHINA/CRYSTAL/SILVER		
	Sub-Total	
D. DEN/FAMILY ROOM		
Bookcase(s)		
Sofa		
Love Seat		
Chair(s)/Ottoman(s)		
Cushions/Pillows		
Lamp(s)		
Coffee/Center Table		
Other Table(s)		
Rug(s)/Carpet(s)		
Curtains/Drapes/Blinds		
	Sub-Total	

Articles	No. Items	Replacement Cost
E. KITCHEN		
Table/Chairs		
Cabinets		
Dishes		
Bowls, Trays, Etc.		
Glassware		
Utensils/Cutlery		
Pots & Pans		
Linens		
Step Stool		
Trash/Garbage Cans		
Microwave		
Oven/Range		
Refrigerator/Freezer		
Dishwasher		
Electrical Appliances		
Liquor/Wine		
Food (Non-Perishable)		
Curtains/Drapes/Blinds		
Wine Rack		
	Sub-Total	
F. OFFICE		
Desk/Chair		
Lamp(s)		
Filing Cabinet(s)		
Bookcase(s)		
Telephone(s)		
Answering Machine		
FAX Machine		
Typewriter(s)		
Copier/Scanner		
Computer/Monitor		
Computer Supplies		
Briefcases		
Printer		
Rug(s)/Carpet(s)		
Curtains/Drapes/Blinds		
	Sub-Total	
G. BASEMENT & GARAGE		
Storage Shelves		
Workbench		
Tool Box		
Power Tools		
Hand Tools		
Garden Tools		
Patio Furniture		
Barbecue Grill		
Lawn Mower		
Luggage/Trunks		
	Sub-Total	

Articles	No. Items	Replacement Cost
H. BEDROOM NO. 1 (Master)		
Bed(s)/Mattress(es)		
Night Table(s)		
Lamp(s)		
Dressing Table/Vanity		
Chair(s)		
Chest of Drawers		
Armoire/Wardrobe		
Bookcase(s)		
Desk/Chair		
Mirror(s)		
Curtains/Drapes/Blinds		
Rug(s)/Carpet(s)		
	Sub-Total	
I. BEDROOM NO. 2		
Bed(s)/Mattress(es)		
Night Table(s)		
Lamp(s)		
Dressing Table/Vanity		
Chair(s)		
Chest of Drawers		
Armoire/Wardrobe		
Bookcase(s)		
Desk/Chair		
Mirror(s)		
Curtains/Drapes/Blinds		
Rug(s)/Carpet(s)		
	Sub-Total	
J. BEDROOM NO. 3		
Bed(s)/Mattress(es)		
Night Table(s)		
Lamp(s)		
Dressing Table/Vanity		
Chair(s)		
Chest of Drawers		
Armoire/Wardrobe		
Bookcase(s)		
Desk/Chair		
Mirror(s)		
Curtains/Drapes/Blinds		
Rug(s)/Carpet(s)		
	Sub-Total	
K. BATHROOMS		
Cabinets/Shelves		
Mirror(s)		
Towels, Etc.		
Toilet Articles		
Medical Supplies		
Razors/Hair Dryers		
Clothes Hamper		
Rugs/Toilet Covers		
Trash Can		
Curtains/Drapes/Blinds		
	Sub-Total	

VALUED INVENTORY FORM

Articles	Items	Cost
L. CLOTHING/LINENS		
Suits		
Coats/Jackets		
Dresses		
Sport Coats		
Slacks		
Sweaters		
Blouses		
Skirts		
Shirts		
Sleepwear		
Shoes/Boots		
Purses/Belts		
Hosiery/Socks		
Ties/Scarves		
Underwear		
Lingerie		
Sportswear		
Hats		
Pillows		
Sheets/Pillow Cases		
Blankets		
Comforters/Duvets		
Quilts		
Drying Rack		
Iron/Ironing Board		
Other		
CHILDREN'S CLOTH		
	Sub-Total	

Articles	No. Items	Cost
M. ELECTRONICS		
TV(s)		
VCR(s)		
DVD Player(s)		
Telephone(s)		
Portable Radio		
Stereo		
Amplifier		
Receiver		
Tape Deck		
CD Player		
Record Player		
Speakers/Stands		
Camcorder		
Camera/Lens		
Camera Equipment/Supplies		
Projectors		
Clock(s)		
Vacuum Cleaner		
Washer/Dryer		
	Sub-Total	
N. COMPUTER EQUIPMENT		
Computer		
Monitor		
Keyboard		
Modem		
Printer		
Software/Supplies		
Work Station		
Laptop		
	Sub-Total	

Articles	No. Items	Cost
O. MISCELLANEOUS		
Statues/Figurines		
Decorative Objects		
Piano		
Other Musical Instruments		
Clock(s)		
Baskets/Plant Holders		
Artificial Plants		
Pictures/Paintings		
Books		
Video Tapes		
CDs/Tapes/Records		
Toy/Games		
Bicycles		
Exercise Equipment		
Sports Equipment		
Camping Equipment		
Fireplace Equipment		
Sewing Machine		
Sewing Supplies		
Craft Supplies		
Holiday Decorations		
	Sub-Total	

HOUSEHOLD PROPERTY	**(CALCULATIONS)**
A. LIVING ROOM	
B. DINING ROOM	
C. CHINA/CRYSTAL/SILVER	
D. DEN/FAMILY ROOM	
E. KITCHEN	
F. OFFICE	
G. BASEMENT & GARAGE	
H. BEDROOM NO. 1	
I. BEDROOM NO. 2	
J. BEDROOM NO. 3	
K. BATHROOMS	
L. CLOTHING/LINENS	
M. ELECTRONICS	
N. COMPUTER EQUIPMENT	
O. MISCELLANEOUS	
HOUSEHOLD GOODS TOTAL	

P. ITEM 1 (Choose from Drop Down List)	
CLICK HERE	**>**
Year/Make:	
Serial No.:	
Value:	

Q. ITEM 2 (Choose from Drop Down List)	
CLICK HERE	**>**
Year/Make:	
Serial No.:	
Value:	

R. ACCESSORIES FOR ITEMS 1 & 2	
Non-factory installed accessories must be separately listed and valued:	
SUBTOTAL	

AUTOMOBILES/MOTORCYCLES/BOATS	
P. ITEM 1	
Q. ITEM 2	
R. ACCESSORIES	
TOTAL	

OPTIONAL INSURANCE ENHANCEMENTS:
Which of these protection enhancements do you wish to purchase? ***Coverage is not provided if these boxes are not checked.***

- ☐ Act(s) of Terrorism
- ☐ Electrical, Electronic, Mechanical Breakdown
- ☐ Pairs and Sets
- ☐ Mold/Mildew

INSURED VALUE	
HOUSEHOLD GOODS	
AUTOMOBILES/MOTORCYCLES/BOATS	
SHIPPING & CARRIAGE CHARGES	
GRAND TOTAL	
Specify Currency:	

Please insure my shipment for: _____

(This amount is the estimated replacement cost at destination of everything that I wish to insure in my shipment.)

- ☐ I have prepared a complete valued inventory and this is the basis of my insurance valuation.
- ☐ I have selected a lump sum option of at least US$12 time the weight of the shipment in pounds and have not provided a complete valued inventory. I have, however, provided a listing of all items of unusual or unique nature valued over US$1,500 per item or per set.
- ☐ **I do not want to purchase extended protection for my shipment.**
- ☐ **My shipment will be insured by my employer. I do not require any protection through this Program.**

Insured's Name: _____ **Date:** _____

Signature: _____