

Personal Effects Inventory Record

In order for your certificate of insurance for personal effects to be valid you must print, complete and fax this form to us prior to the shipment. Be sure to include any applicable taxes in your valuation.

Check One

Name Insure

**Attached to and forming part of
certificate no.**

- Replacement Value
 Actual Cash Value

Living Room & Dining Room	Living Room Value	Dining Room Value	Clothing and Personal Effects	Value
Rugs & Pads	\$	\$	MENS & BOYS	\$
Couch/Loveseat			Coats/Hats	
Chairs			Suits/Slacks	
Cushions				
Chest			Sweaters & Jackets	
Desks & Desk Sets			Shirts	
Book Cases			Formal Wear	
Books			Underwear/Socks	
Computers/Printers				
Draperies/Curtains/Blinds			Neckties & Scarves	
			Belts/Billfolds/Accessories	
			Gloves/Rainwear	
			Shoes (all types)	
Lamps/Vases				
Coffee Tables				
Musical Instruments				
Pianos			TOTAL (A)	\$
Stereos/Radios			WOMEN & GIRLS	\$
CD's/Cassettes/Records			Coats/Hats	
Pictures/Paintings/Mirrors				
Television Set			Suits/Dresses	
VCR			Sweaters/Blouses	
			Skirts & Slacks	
Portable Heating Equip.				
Fireplace Fixtures				
Bric-a-brac			Formal Wear	
Dining Room Set			Lingerie/Hosiery	
China Cabinet			Shoes/Boots	
Serving Tables			Gloves	
Tablecloths & Napkins			Rainwear & Umbrellas	
Silverware			Cosmetics & Perfume	
Chinaware			Baby Clothing	
Glassware			Baby Equipment	
			TOTAL (B)	\$
			Mens & Boys Total	\$
TOTAL	\$	\$	TOTAL (A+B)	\$

Bedrooms	No. 1 Value	No. 2 Value	No. 3 Value	No. 4 Value
Rugs & Pads	\$	\$	\$	\$
Beds				
Mattresses, Springs				
Chests/Dressing Tables				
Vanity Sets				
Desks & Contents				
Draperies				
Curtains				
Lamps/Radios/Clocks				
Chairs				
Pictures/Mirrors				
Blankets, Spreads, Linens				
Computers				
Toys				
TOTAL	\$	\$	\$	\$

Den & Family Room	Value	Bathrooms	value	Basement, Attic, Garage, Outdoors	Value
Rugs & Pads	\$	Shower Curtains	\$	Furniture	\$
Couch/Loveseat		Electric Razors		Washer/Dryer	
Chairs		Hair Dryers		Iron & Board	
Lamps		Medicine Cabinet		Vacuum Cleaner	
Chests		Towels-Linen		Picnic Table	
Draperies/Curtains		Bath Mat Sets		Pool Accessories	
		Clothes Hamper		B.B.Q.	
Book Cases		Toilet Accessories		Swing Set/Yard Toys	
Books		Chests, Scales		Trunks & Luggage	
Trophies		TOTAL	\$	Work Bench	
Computer Equipment		Hobby, Sports Equipment	value	Supplies	
Television/VCR				Garden Tools	
Stereo/Radio		Hobby Material	\$	Lawn Mowers	
CD's/Cassettes/Records		Golf Clubs		Freezer	
Tables		Boat & Motors		TOTAL	\$
		Photographic Equip.		Miscellaneous Items (Detail)	Value
Hide-a-bed		Hunting Equipment			
Aquarium		Fishing Equipment			
Fireplace Fixtures		Power/Hand Tools			
Toys		Bicycles			
Liquor Cabinet		Collections			
TOTAL	\$	TOTAL	\$	TOTAL	\$
Kitchen		Value		SUMMARY	Value
Dishwasher	\$			Living Room	\$
Table & Chairs				Dining Room	
Microwave Oven				Clothing & Effects	
Refrigerator				Bedroom No. 1	
Stove/Cookers				Bedroom No. 2	
				Bedroom No. 3	
Cutlery/Utensils				Bedroom No. 4	
				Kitchen	
				Den & Family Room	
Dishes				Bathrooms	
Pots & Pans				Basement, Garage, etc...	
Electrical Appliances				Hobby, Sports Equipment	
Clocks				Miscellaneous Items	
Curtains				Appraised Items (attach list)*	
				*all antiques must be appraised	
TOTAL	\$			TOTAL ALL ROOMS	\$

Insured's Signature

Date

CONDITIONS REPORT

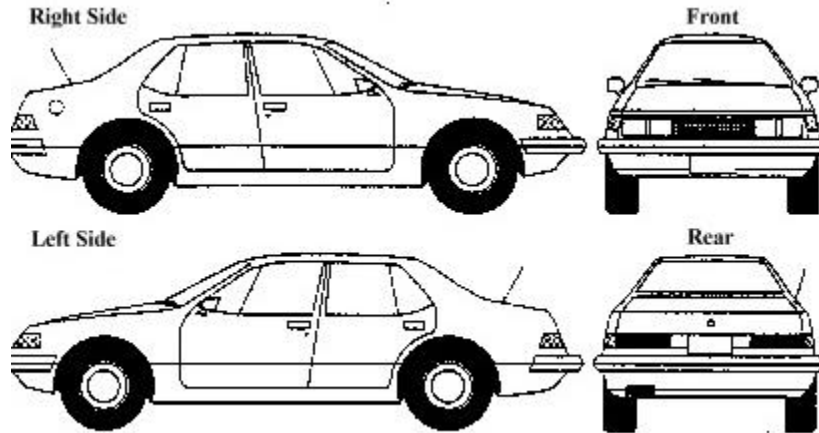
Certificate: _____

Insured: _____ Date: _____

Destination: _____ Mover: _____

License or Serial Number: _____ Make: _____

Mode: _____ Type: _____



Indicate on diagram (give dimensions of damage where possible):

B Bent **BR** Broken **C** Chafed **CH** Chipped **D** Dented
GC Glass Cracked **H** Hairline Scratch **M** Missing **R** Metal Rusty **S** Scratched
SCD Scratched, Chafed, Dented **SM** Smashed **T** Torn

Check where applicable:

- | | |
|--|---|
| <input type="checkbox"/> Hairline scratches all over | <input type="checkbox"/> Heavy dust and mud covered: Minor defects, if any, unable to determine |
| <input type="checkbox"/> Locked glove compartment | <input type="checkbox"/> Locked rear trunk |
| <input type="checkbox"/> Scratched and chafed all over | <input type="checkbox"/> Wet by rain |

Check Appropriate Answer:

- | | | | | | |
|----------------------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|
| Battery Disconnected | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Gas removed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Locked rear trunk | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Radiator Drained | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Wet by rain | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

Item	Received	Delivered	Exception	Item	Received	Delivered	Exception
Air Conditioner				Spare Tires			
Ashtrays				Sunvisors			
CB Radio				Tape/CD Player			
Cigar Lighter				Tires			
Clock				Tape/CD Player			
Cushion, Front				Non-factory installed accessories must be valued and declared separately.			
Cushion, Rear							
Floor Mats				ITEM	INSURED VALUE		
Heater							
Hubcaps							
Keys							
Mirrors							
Radio							
Seat Covers							

Additional Information:

Received at _____ by _____
Origin Receiving clerk Date

Received at _____ by _____
Origin Receiving clerk Date

I AGREE THAT THE CONDITION OF THIS AUTO IS AS STATED WHEN TURNED OVER TO THE SHIPPING COMPANY.

RECEIVED IN GOOD CONDITION AT DESTINATION EXCEPT ABOVE