

HIGH VALUE MOVE QUOTE REQUEST FORM

Insured: _____

Contact: _____

1. Name of shipper: _____
2. Origin Address: _____

3. Destination Address: _____

4. Are you handling the entire move including loading, transporting and unloading? _____
5. What is the start date of the move? _____
6. What is the length of move? _____
If more than one day, what type of overnight protection is in place? _____

7. Describe the type of goods being hauled: _____

8. Describe items with exceptional value: _____

9. Do you have experience handling these types of items? _____
10. Are there appraisals to support the value of these items? _____
11. What procedures are in place to check for pre-existing damage prior to packing and inspecting goods upon arrival? _____
12. Is there special rigging required? (ie. heavy loads, etc.) _____
13. How many trucks are being used? _____
14. What is the maximum value carried per truck? _____
15. What cargo limit are you requesting per truck? _____
16. What is the revenue from the move? _____
17. If a certificate of insurance is required by the shipper or property manager, please provide the name, address and fax number for the certificate holder: _____
