HIGH VALUE MOVES
INCREASED VALUATION REQUEST FORM

INSURED: _____

PHONE: _____ **EMAIL:** _____

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? _____
    a) If more than one day, what type of overnight protection is in place? _____

    b) Any anti-theft/GPS devices installed in the trailer? _____ Power unit? _____
       Describe: _____

7. Will this shipment go into storage? _____ If yes, for how long? _____
    a) At which location? _____

8. Describe the type of goods being hauled: _____

9. Describe items with exceptional value: _____

10. Do you have experience handling these types of items? _____

11. Are there appraisals to support the value of these items? _____

12. What procedures are in place to check for pre-existing damage prior to packing and
    inspecting goods upon arrival? _____

13. Is there special rigging required? (ie. heavy loads, etc.) _____

13. How many trucks are being used? _____

14. How many trucks will be on the road at the same time? _____

15. What is the maximum value carried per truck? _____

16. What cargo limit are you requesting per truck? _____

17. What cargo limit are you requesting in total/aggregate? _____

18. What is the revenue from the move? _____

19. If a certificate of insurance is required by the shipper or property manager, please provide the
    name, address and fax number or email for the certificate holder:
       Certificate Holder Name: _____
       Address: _____
       City/State/Zip: _____
       Fax/Email: _____