

CUSTOMER CARGO/WAREHOUSE ALL RISK CERTIFICATE REQUEST FORM

Moving Company Name:
Address:
Policy # :
Contact Person:
Phone Number:

Information Needed for Quotation

Customer Name:
Address:
City, State, Zip:
Phone Number:

In-Transit Certificate Request

Date of Move:
Origin- Destination of Move:
Bill of Lading #:
Property Description:
Amount of Insurance (100% Value of Property): \$
Rating Factor (Circle One) - Actual Cash Value or Replacement Cost

Warehouse Certificate Request

Effective Date:
Warehouse Receipt #:
Stored Property Description:
Warehouse Location Address:
Monthly Amount of Insurance (100% Value of Property): \$
Rating Factor (Circle One) – Actual Cash Value or Replacement Cost

Remit Form to:

Cris Himan
crish@paulhanon.com
Mover's Choice Insurance Program
1827 Clay Street
Napa, CA 94559
(707) 261-2720
FAX #: (707) 252-5905
www.paulhanson.com

