



**HIGH VALUE MOVE  
INCREASED VALUATION REQUEST FORM**

**INSURED NAME & ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Name of Customer being moved? \_\_\_\_\_
2. Customer Address? \_\_\_\_\_  
\_\_\_\_\_
3. Limit requested? \_\_\_\_\_
4. Current policy limit? \_\_\_\_\_
5. Date(s) of Move? \_\_\_\_\_
6. Maximum Amount of value per truck? \_\_\_\_\_
7. How many trucks are being used? \_\_\_\_\_
8. Type of goods being hauled? \_\_\_\_\_
9. Origin & Destination point of shipment? \_\_\_\_\_
10. Mileage of Move (One way)? \_\_\_\_\_
11. Highest valued item? (size & weight) \_\_\_\_\_
12. Does customer have appraisals to support these values? Or how are these values being determined?  
\_\_\_\_\_
13. Is insured handling entire move including loading/unloading transporting? Do they have experience in packing these types of items \_\_\_\_\_
14. Length of move? (If more than one day what type of overnight protection is in place) \_\_\_\_\_
15. What procedures are in place to check for pre-existing damage prior to packing and inspecting goods upon arrival? \_\_\_\_\_
16. Is there special rigging required? (ie. Heavy loads, etc.) \_\_\_\_\_
17. What is the revenue from the move? \_\_\_\_\_