

INSURANCE APPLICATION FORM

Insured Name: <u>IANA GURTOVA</u>	Moving Date	<input checked="" type="checkbox"/> SEA <input type="checkbox"/> AIR <input type="checkbox"/> LAND
Origin Address:	Please declare the replacement cost at destination of all items in your shipment below or submit your own listing of items and their replacement cost.	
Destination Address:	IMPORTANT: Items not declared and valued are not insured.	

No.	Quant.	Products Name	Total Price
<u>Major Electrical Appliances:</u>			
1		Refrigerator	
2		Air Conditioner	
3		Camera	
4		Television	
5		Deep Freezer	
6		Dishwasher	
7		Dryer	
8		Fax Machine	
9		Lap Top	
10		Computer	
11		Printer	
12		Microwave	
13		Stove Range	
14		VCR	
15		Washing Machine	
16		Stereo System	
17			
18			
19			
20			
21			
22			
23			
<u>Appliances & Home Electronics</u>			
24		Answering Machine	
25		Alarm Clock	
26		Clock	
27		Car Radio	
28		CD for Car	
29	1	Coffe Maker	50
30		Compact Disc	
31	1	Drill	50
32		Electrical Blanket	
33	1	Kettle	50
34	1	Mixer	50
35	1	Hand Mixer	50
36		Electric Saw	
37		Fan\ Ventilator	
38		BBQ\ Grill	
39		Heater	
40	1	Iron	50
41		Juicer	
42		Telephone	
43		Sewing Machine	
44	1	Vacum Cleaner	200
45		Walkman	
46			
47			
48			
49			
50			
51			
52			

No.	Quant.	Products Name	Total Price
<u>Dining Room & Kitchenware</u>			
53		Dining Table	
54		Dining Chair	
55	12	Glassware	500
56	12	Crystalware	500
57		Pots & Pans	
58	24	Silverware	500
59		Dishes	
60	30	Kitchen Linens	100
61	30	Utensils\ Cutlery	450
62		Bowls, Trays, etc.	
63			
64			
65			
66			
67			
<u>Clothing & Textile</u>			
68	85	Children's Clothing	500
69	250	Children's Shoes	500
70	15	Men's Clothing	700
71	20	Men's Shoes	300
72	60	Women's Clothing	1500
73	60	Women's Shoes	2000
74		Suits	
75	4	Jackets	400
76		Leather Clothing	
77		Coats	
78		Fur Coats	
79		Boots	
80	60	Underwear	200
81			
82			
83			
84			
85			
<u>Children's Items</u>			
86		Bath Tub	
87		Baby's Bed	
88		Car Seat	
89		Cariage	
90		Dressing Table	
91		Baby's Chest	
92		High Chair	
93		Toys\ Games	
94		Wallker	
95		Scale	
96			
97			
98			
99			
100			


Signature

INSURANCE APPLICATION FORM

No.	Quant.	Products Name	Total Price
Furniture			
101		Arm Chair	
102		Bar	
103		Bed	
104		Mattress	
105		Bookcase	
106		Chair	
107		Table	
108		Coffee Table	
109		Corner Table	
110		Dinning Room Set	
111		Dresser	
112		Garden Furniture	
113		Kitchen Table	
114		Love Seat	
115		Make Up Table	
116		Mirror	
117		Cupboard	
118		Cabinet	
119		Night Table	
120		Rocking Chair	
121		Shelves	
122		Sofa	
123		Couch	
124		TV Table	
125		Chest of Drawer	
126		Wardrobe\ Armoire	
127		Double Bed	
128		Office Chair	
129		Desk	
130			
131			
132			
133			
134			
135			
Musical Instruments			
136		Acordeon	
137		Cello	
138		Drums	
139		Flute	
140		Guitar	
141		Harp	
142		Organ	
143		Piano	
144		Saxophone	
145		Violin	
146			
147			
148			

No.	Quant.	Products Name	Total Price
Sports & Camping Equipment			
149		Boat	
150		Cooler	
151		Diving Equipment	
152		Exercise Bike	
153		Boat Engine	
154		Fishing Equipment	
155		Gas Lamp	
156		Jet Ski	
157		Gas Stove	
158		Sleeping Bag	
159		Ski Equipment	
160		Telescope	
161		Binoculars	
162		Tent	
163		Thermos	
164		Water-Ski Equipment	
165			
166			
167			
Various Household Items			
168		Lamp	
169		Bath Assec.	
170	5	Blanket	70
171		Linen	
172	20	Books	—
173		Covers	
174		Curtains	
175		Painting\ Picture	
176	25	Photo Album	—
177		Pillows	
178		Sculptures\ Statues	
179		Suitcase	
180	20	Towels	100
181			
182			
183			
184			
185			
186			
187			

TOTAL INSURANCE VALUE:

Grand Total Insurance Value:

800.00

Currency -->

EURO

With my signature on this page I confirm that I have read & confirm the terms & condition of insurance company

Date: