

INSURANCE APPLICATION FORM

Insured Name: Arkadiusz Tomalka	Moving Date	Moving By (Tick)
Origin Address: After Yacov 8 Tel-Aviv Yafo / Israel	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. IMPORTANT: Items not declared and valued are not insured.	
Destination Address: Wyb.Kościuszkowskie 17/31 Warsaw/Poland		

No.	Quant.	Products Name	Total Price
<u>boxes</u>			
1		files, documents, vi	50
1			
2		books and DVDs	50
3		books	50
4		Photo camera, hea	50
5		film negatives B&W	50
6		drawings and docur	50
7		books	50
8		books	50
9		books and DVDs	50
10		books	50
11		office files, files, dr	50
12		Art therapy artworks	50
13		books, minidisks, in	50
14		Acrylic paint, Brush	50
15		Tools; jigsaw, electr	50
16		air mattress, pump,	50
17		quilt, bag,papers,dr	50
18		cloths, case with dr	50
19		art therapy artworks	50
20		tools;cutting disc (M	50
21		Electric Saw (disc)	50
<u>boxes</u>			

No.	Quant.	Products Name	Total Price
<u>others (not boxes)</u>			
51	1	cooling ventilator	20
52	1	10 meter electric cable	20
53	1	stool	20
54	1	tennis bag and two rackets wilso	50
55	1	frame for weaving	10
56	4	long wood clamps	50
57	1	camping table	20
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65			
<u>Paintings on wood</u>			
66		3 paintings 75/55 cm	500
67		3 paintings 75/55cm	500
68		3 paintings 75/55 cm	500
69		3 paintings 75/55 cm	500
70		1 painting 72/110 cm	500
71		2 painting 2 paintings 92/150 cm	1000
72			
73			

22		CDs	200
23		notebooks	200
24		box with tools for a	50
25		case with tools	50
26		Scanner Epson , 2 k	100
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<u>paintings on canvas + drawings</u>				
84		tube with 10 drawings 140 cm o		500
85		1 drawing 166 cm on diam 6 cm		500
86		box with 11 rolls of drawings and		500
87		2 rolled paintings on canvas 11		2000
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Signature

INSURANCE APPLICATION FORM

No.	Quant.	Products Name	Total Price
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No.	Quant.	Products Name	Total Price
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TOTAL INSURANCE VALUE:

Grand Total Insurance Value: 8840,00

Currency -->

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

Date: 26.12.25

Full Name Arkadiusz Tomalka

Signature _____

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