

Personal Effects Inventory Record

In order for your certificate of insurance for personal effects to be valid prior to departure, you must complete, sign and date this form and retain a copy for your files in the event of claim. Be sure to include applicable taxes in valuations

GENERAL INFORMATION

Named Insured

Attached to and forming part of certificate no.

Replacement Value

Actual Cash Value

Living Room & Dining Room	Living Room Value	Dining Room Value
Rugs & Pads	\$	\$
Couch/Loveseat	\$	\$
Chairs	\$	\$
Cushions	\$	\$
Chest	\$	\$
Desks & Desk Sets	\$	\$
Book Cases	\$	\$
Books	\$	\$
Computers/Printers	\$	\$
Draperies/Curtains/Blinds	\$	\$
Lamps/Vases	\$	\$
Coffee Tables	\$	\$
Musical Instruments	\$	\$
Pianos	\$	\$
Stereos/Radios	\$	\$
CD's/DVD's/Cassettes/Records	\$	\$
Pictures/Paintings/Mirrors	\$	\$
Television Set	\$	\$
VCR/DVD/CD PLAYER	\$	\$
Portable Heating Equipment	\$	\$
Fireplace Fixtures	\$	\$
Bric-a-brac	\$	\$
Dining Room Set	\$	\$
China Cabinet	\$	\$
Serving Tables	\$	\$
Tablecloths & Napkins	\$	\$
Silverware	\$	\$
Chinaware	\$	\$
Glassware	\$	\$
Total	\$	\$

CLOTHING AND PERSONAL EFFECTS			
Mens & Boys	Value	Women & Girls	Value
Coats/Hat	\$	Coats/Hats	\$
Suits/Slacks	\$		
		Suits/Dresses	\$
		Sweaters/Blouses	\$
Sweaters & Jackets	\$	Skirts & Slacks	\$
Shirts	\$		
Formal Wear	\$	Formal Wear	\$
Underwear/Socks	\$	Lingerie/Hosiery	\$
		Shoes/Boots	\$
		Gloves	\$
Neckties & Scarves	\$		
Belts/Billfolds/Accessories	\$	Rainwear & Umbrellas	\$
Gloves/Rainwear	\$	Cosmetics & Perfume	\$
Shoes (all types)	\$	Baby Clothing	\$
		Baby Equipment	\$
TOTAL (A)	\$	TOTAL (B)	\$
TOTAL (A+B)	\$		

Bedrooms	No. 1 Value	No. 2 Value	No.3 Value	No. 4 Value
Rugs & Pads	\$	\$	\$	\$
Beds	\$	\$	\$	\$
Mattresses, Springs	\$	\$	\$	\$
Chests/Dressing Tables	\$	\$	\$	\$
Vanity Sets	\$	\$	\$	\$
Desks & Contents	\$	\$	\$	\$
Draperies	\$	\$	\$	\$
Curtains	\$	\$	\$	\$
Lamps/Radios/Clocks	\$	\$	\$	\$
Chairs/Mirrors	\$	\$	\$	\$
Blankets, Spreads, Linens	\$	\$	\$	\$
Computers	\$	\$	\$	\$
Toys	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

Den & Family Room	Value	Bathrooms	Value	Basement, Attic, Garage, Outdoors	Value
Rugs & Pads	\$	Shower Curtains	\$	Furniture	\$
Couch/Loveseat	\$	Electronic Razors	\$	Washer/Dryer	\$
Chairs	\$	Hair Dryers	\$	Iron & Board	\$
Lamps	\$	Medicine Cabinet	\$	Vacuum Cleaner	\$
Chests	\$	Towels-Linen	\$	Picnic Table	\$
Draperies/Curtains	\$	Bath Mat Sets	\$	Pool Accessories	\$
		Clothes Hamper	\$	B.B.Q.	\$
Book Cases	\$	Toilet Accessories	\$	Swing Set/Yard Toys	\$
Books	\$	Chests, Scales	\$	Trunks & Luggage	\$
Trophies	\$		\$	Work Bench	\$
Computer Equipment	\$		\$	Supplies	\$
Television/VCR/DVD	\$		\$	Garden Tools	\$

Stereo/Radio	\$		\$	Lawn Mowers	\$
CD's/DVD's/Cassettes/Records	\$		\$	Freezer	\$
Tables	\$	TOTAL	\$	TOTAL	\$
		Hobby, Sports Equipment	Value	Miscellaneous Items (Detail)	Value
Hide-a-bed	\$	Hobby Material	\$		\$
Aquarium	\$	Golf Clubs	\$		\$
Fireplace Fixtures	\$	Boat & Motors	\$		\$
Toys	\$	Photographic Equipment	\$		\$
Liquor Cabinet	\$	Hunting Equipment	\$		\$
		Fishing Equipment	\$		\$
		Power/Hand Tools	\$		\$
		Bicycles	\$		\$
		Collections	\$		\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

Kitchen	Value	Summary	Value
Dishwasher	\$	Living Room	\$
Table & Chairs	\$	Dining Room	\$
Microwave Oven	\$	Clothing & Effects	\$
Refrigerator	\$	Bedroom No.1	\$
Stove/Cookers	\$	Bedroom No.2	\$
Cutlery/Utensils	\$	Bedroom No.3	\$
Dishes	\$	Bedroom No.4	\$
Pots & Pans	\$	Kitchen	\$
Electrical Appliances	\$	Den & Family Room	\$
Clocks	\$	Bathrooms	\$
Curtains	\$	Basement, Garage, etc...	\$
		Hobby, Sports Equipment	\$
		Miscellaneous Items	\$
		Appraised Items (attach list)*	\$
		*All antiques must be appraised	\$
TOTAL	\$	TOTAL ALL ROOMS	\$

This Form is not a binding contract evidencing insurance. A certificate of insurance must be in place for coverage to take effect. A copy of the insurance certificate issued under the CargoCover policy is the only contract under which a claim may be made. A copy of the certificate must be provided by your Freight Forwarder or Marsh Broker arranging coverage. If you do not receive a copy of the certificate prior to the shipment departure date, please contact Marsh Canada Limited at 877-755-4934 for North American clients and 416-349-4769 for International clients.

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By signing this form you are consenting to the statements above.

SIGNATURE

Insured's Signature

Date (mon/dd/yyyy):

CONDITIONS REPORT

Certificate :

Insured:

Date:

Destination:

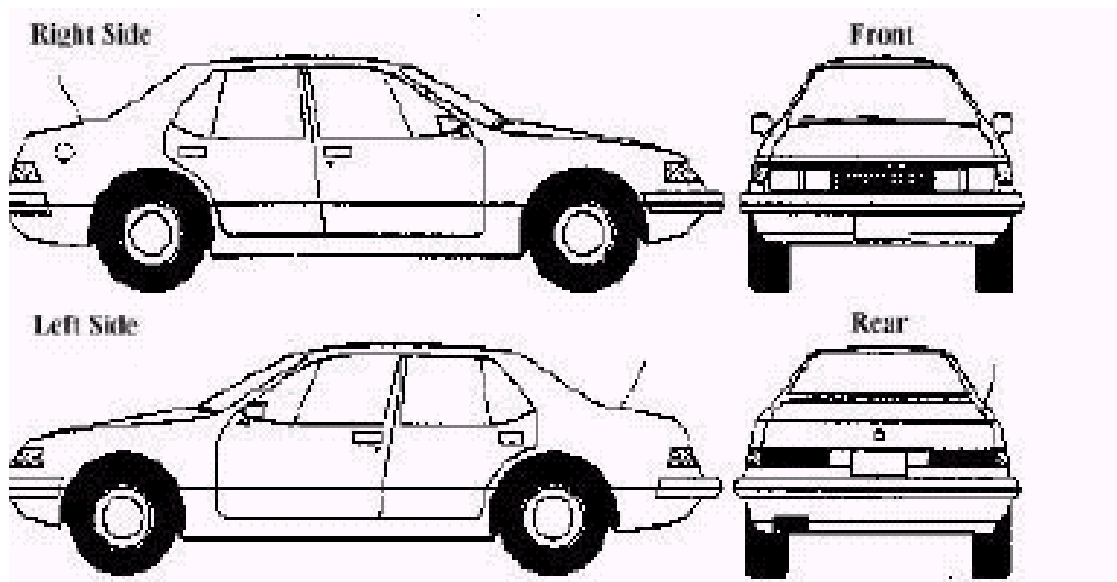
Mover:

Lisence or Serial Number:

Make:

Mode:

Type:



Indicate on diagram (give dimensions of damage where possible):

- | | | | | |
|-------------------------------|--------------------|-----------|---------------|-------------|
| B Bent | BR Broken | C Chafed | CH Chipped | D Dented |
| GC Glass Cracked | H Hairline Scratch | M Missing | R Metal Rusty | S Scratched |
| SCD Scratched, Chafed, Dented | SM Smashed | T Torn | | |

Check Where Applicable

- | | |
|--|---|
| <input type="checkbox"/> Hairline scratches all over | <input type="checkbox"/> Heavy dust and mud covered: Minor defects, if any, unable to determine |
| <input type="checkbox"/> Locked glove compartment | <input type="checkbox"/> Locked rear trunk |
| <input type="checkbox"/> Scratched and chafed all over | <input type="checkbox"/> Wet by rain |

Check Appropriate Answer

- | | |
|---|---|
| Battery disconnected <input type="checkbox"/> Yes <input type="checkbox"/> No | Gas removed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Locked rear trunk <input type="checkbox"/> Yes <input type="checkbox"/> No | Radiator drained <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wet by rain <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Item	Received	Delivered	Exception	Non-factory installed accessories must be valued and declared separately	
				Item	Insured Value
Air Conditioner					
Ashtray					
CB Radio					
Cigar Lighter					
Clock					
Cushion, Front					
Cushion, Rear					
Floor Mats					
Heater					
Hubcaps					
Keys					
Mirrors					
Radio					
Seat Covers					
Spare Tires					
Sunvisors					
Tape/CD Player					
Tires					

ADDITIONAL INFORMATION

Received at ----- by -----
Origin Receiving clerk Date

Received at ----- by -----
Origin Receiving clerk Date

I AGREE THAT THE CONDITION OF THIS AUTO IS AS STATED
AT DESTINATION
WHEN TURNED OVER TO THE SHIPPING COMPANY.

RECEIVED IN GOOD CONDITION
EXCEPT ABOVE