Insurance Request Form



If you are moving goods that are not covered by Limited Carriers Risk, or the value of the goods you are moving exceed the amount covered under Limited Carriers Risk (\$2,000 inc GST), you may apply for insurance. This insurance will cover goods being moved by PBT and its respected contractors.

Assured	
Address	
	Unit/Level No., Street Number & Name
	Suburb & Town
	Subulb & Town
Property Insured	
	New Secondhand
Type of Packaging	
Mode of Transport	Couriers Transport Containers
Date of Transport	
Transit Address - From	
	Unit/Level No., Street Number & Name
	Suburb & Town
Transit Address - To	
	Unit/Level No., Street Number & Name
	Suburb & Town
Total Sum Insured	
Total Sulli ilisured	
Contract of Carriage Please select one	Owners Risk Declared Value Declared Terms Limited Carriers Risk Unknown
Name	Company
Signed	Dated

*Please note that PBT's insurance request process is a complimentary service provided by PBT for their clients. PBT accepts no responsibility or liability for the outcome of this request for insurance nor decisions made by the insurance company. **Confirmation of your insurance request outcome will be provided within 24 hours of receipt of this form.**