LA FRECCIA FIORENTINA S.c.r.l.

International removals

Excludes cash, jewellery, watches, stamps or similar valuable articles as these are excluded from the insurance cover.

Items not declared and valued are not insured. It is in your own interest to provide as much detail as possible. Items must be insured for their full replacement value at destination. You must clearly show the currency in which you are insuring the goods.

I have declared the goods in _____ (please state currency)

QTY	ARTICLE	VALUE
A	Living Room	
	Armchair	
	Bookcase	
	China Cabinet	
	Desk/Bureau	
	Chairs	
	Hall Stand	
	Occasional Table	
	Sideboard	
	Sofa	
	Dining Table	
	Lamp(s)/Chandeliers	
	Pictures/Paintings	
	Books	
B	Kitchen	
	Cooker	
	Deep Freeze	
	Dishwasher	
	Microwave	
	Refrigerator	
	Tumble Dryer	
	Washing Machine	
	Electrical Items	
	Table & Chairs	
	Pots & Pans	
	Utensils/Cutlery	
	Cabinet(s)	
	Kitchenware/Crockery	
	Kitchen Linen	
	Electrical Appliances	
C	Chinaware	
TOTAL COLUMN 1		

QTY	ARTICLE	VALUE
D	Silverware	
E	Crystal/Glass	
F	Antiques	
G	Clothing/Shoes	
	Male	
	Female	
	Children's	
	Hats/Bags/Accessories	
H	Bedroom	
	Bed(s)	
	Chair(s)	
	Bedside Table(s)	
	Dressing Table (s)	
	Chest of Drawers	
	Mirror (s)	
	Rug(s)	
	Lamp (s)	
	Curtains/Blinds	
	Bookcases	
	Wardrobe/Armoire	
I	Linen	
	Household Linen	
J	Bathroom	
	Toiletries	
	Towels	
TOTAL COLUMN 2		

QTY	ARTICLE	VALUE
K	Miscellaneous	
	CD Player	
	DVD Player	
	Hi Fi/Stereo	
	Video Recorder	
	Computer	
	Telephone/Fax	
	Television(s)	
	Vacuum Cleaner	
	Video Cassettes	
	DVD/CD's	
	Records/Tapes	
	Cycles	
	Garden Furniture	
	Garden Tools	
	Golf Clubs/Trolleys	
	Lawn Mower	
	Toys	
L	Other (please specify)	
	BBQ Equipment	
	Pet Articles	
M	Motor Vehicles	
TOTAL COLUMN 3		
GRAND TOTAL		

Accompanied Luggage (i.e. carried by yourself)		Note: Up to the maximum per person or total maximum per family or group as specified by the programme.			
No of persons in group		Value of luggage to be insured		Details of Journey From:	Date: To: How:
				TOTAL SUM INSURED	

I declare that I have disclosed all material facts and understand that failure to do so could render the insurance void. I declare that the amounts stated above are the full value of the goods at destination. I confirm that I have declared all items that I wish to insure with all details requested. I have read the terms and conditions overleaf and understand that these shall form the basis of the proposed contract between me and the Insurers.

Signature _____ Date _____ Please see attached sheet ☐

Did you state the currency! Please check above.