



Insurance Request Form

The Insurance Request Form is used to apply for insurance for goods being moved by the carrier (being PBT Transport Limited, PBT Couriers Limited, PBT Bulk Limited, PBT Metro Limited or any other related PBT company). This form is typically used to insure goods that are either not covered by Limited Carriers Risk - or the value of the goods exceeds that covered under Limited Carriers Risk (being \$1,500 inclusive of GST).

Please complete the form and fax to the **PBT Ratings Department on 09-2500 803**. PBT will apply for insurance on your behalf from a third party insurer, using the information you provide below. Written confirmation of your insurance request outcome will be provided within 24 hours of receipt of this form.

The Insurance Request Form is a complimentary service provided by PBT for its clients. PBT accepts no responsibility or liability for the outcome or insurance that the clients may or may not accept as a result of completion of this form.

Assured	
Address	
Property Insured	
	<input type="checkbox"/> New <input type="checkbox"/> Secondhand
Type of packaging	
Mode of transport	
Date of transport	/ /
Transit address - From	
Transit address - To	
Total sum insured	
Contract of carriage <i>(Please tick one)</i>	<input type="checkbox"/> Owners Risk <input type="checkbox"/> Limited Carriers Risk <input type="checkbox"/> Declared value <input type="checkbox"/> Declared terms <input type="checkbox"/> Unknown

Signature _____ Company _____

Name _____ Date _____ / _____ / 20_____