

HIGH VALUE INVENTORY

Shipper's Name: _____

Business: _____

Bill of Lading#: _____

Castine's wants to make sure that your possessions receive the utmost care during your relocation. We recognize there are certain specialty items that require specific handling. In order to ensure these items receive the proper care, please list any single items over \$2,500.00. These items must be declared to process a claim.

	<u>Item Description</u>	<u>Value</u>	Covered by Additional Insurance		INV# (For Office Use Only)
			<u>Y</u>	<u>N</u>	
Antiques	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Crystal/ China/ Figurines	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Paintings/ Objects of Art	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Carpets	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Musical Instruments	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Electronics (Stereo, Computer, incl. Software, cameras, etc.)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
All Other (unique, unusual extraordinary items)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Shipper agrees that any claim for loss or damage must be supported by proof of value and understands settlement will be based on the information furnished on the inventory form.

AT ORIGIN

AT DESTINATION

Signature (Shipper)

Signature (Shipper)

Date

Date

Signature (Carrier Representative)

Signature (Carrier Representative)

Date

Date

Above signature acknowledges this is a complete list of all specialty items