

Request for Insurance

SYDNEY
 FAX: (02) 8437 7799

MELBOURNE
 (03) 9335 7799

BRISBANE
 (07) 3908 7799

PERTH
 (08) 9208 7799

ADELAIDE
 (08) 8334 1799

Contact Details

Company Name:	<input type="text"/>	Account #:	<input type="text"/>
Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>	Fax:	<input type="text"/>

Despatch Details

Mode of Delivery:	Local Courier <input type="checkbox"/>	Local Overnight <input type="checkbox"/>	International <input type="checkbox"/>
	Overnight Express <input type="checkbox"/>	Road Freight <input type="checkbox"/>	Same Day Interstate <input type="checkbox"/>
Pickup From:	Company Name:	<input type="text"/>	
	Address:	<input type="text"/>	
		<input type="text"/>	
Delivery To:	Company Name:	<input type="text"/>	
	Address:	<input type="text"/>	
		<input type="text"/>	

Goods

Description of Goods:	<input type="text"/>		
Value of Goods:	<input type="text"/>		
Total Cost of Cover (x2% of the Value of Goods):	<input type="text"/>	Insured Date:	<input type="text"/>

***MINIMUM CHARGE OF \$30.00 APPLIES**

Person Requesting Insurance Cover

I/we acknowledge that we have read the Product Disclosure Statement and Financial Services Guide applicable to this insurance.

Name: _____ Title: _____

Signature: _____ Date: ____/____/____

**NB: GOODS ARE ONLY COVERED WHEN A CONFIRMATION FAX IS RETURNED TO YOU BY DIRECT COURIERS.
 DO NOT ALLOW GOODS TO LEAVE YOUR PREMISES UNTIL YOU HAVE RECEIVED A CONFIRMATION NUMBER.
 REQUESTS RECEIVED AFTER MIDDAY MAY NOT BE FINALISED UNTIL THE NEXT BUSINESS DAY.**

Direct Couriers - Office use only

Confirmation #