

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 the The PBT Group (PBT Transport Ltd, PBT Couriers Ltd & PBT Bulk Ltd) and their respected contractors. **If you wish to apply for goods insurance please complete the below form and send to;**

Email

rating@pbt.co.nz

MailPO Box 12 732
Penrose, Auckland.**Fax**Attn: Ratings Dept
09 250 0803

Assured

Address

*Unit/ Level no, Street number & Name**Suburb, town*

Property Insured

New

Secondhand

Type of packaging

Mode of transport

Couriers

Transport

Bulk

Date of transport

dd/mm/yyyy

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

Type of packaging

Contract of carriage

Please select one

Owners Risk

Declared Value

Declared terms

Unknown

Limited Carriers

Risk

Name

Company

Signature

Date

* 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 said insurance company.

Confirmation of your insurance request outcome will be provided within 24 hours of receipt of this form.