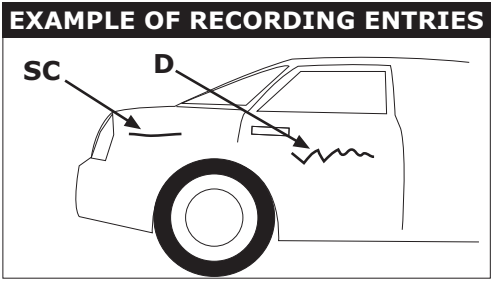
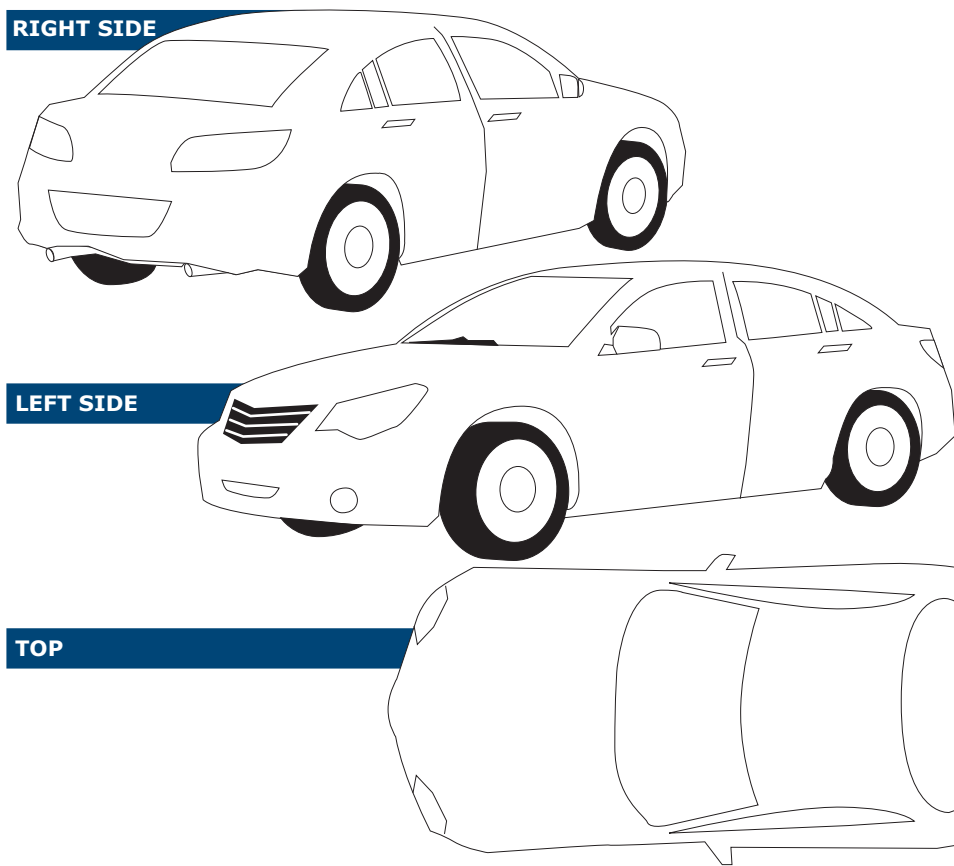


**This form below must be filled out by the mover/shipper prior to shipment and signed by both him and the customer.
 This form is an integral part of your application and must be attached thereto.**

CONTRACTOR OR CARRIER		AGENT		CARRIER'S REFERENCE NO.	
OWNER'S GRADE OR RATING AND NAME				CONTRACT OR GBL NO.	
ORIGIN LOADING ADDRESS		CITY		STATE	
DESTINATION				VAN NO.	
MAKE	YEAR	BODY STYLE	COLOR	SERIAL NO.	

ENTER COMMENTS AND REMARKS ABOUT CONDITION OF VEHICLE NOT OTHERWISE DESCRIBED BY SYMBOLS IN REMARKS SECTION.

REMARKS/EXCEPTIONS AT ORIGIN:



IT IS THE SHIPPER'S RESPONSIBILITY TO MAKE SURE THAT COOLING SYSTEM IS PROTECTED FROM FREEZING. CARRIER CANNOT BE RESPONSIBLE FOR DAMAGE DUE TO FREEZING.

- EXCEPTION SYMBOLS**
- D - DENTED
 - F - FADED
 - G - GOUGED
 - L - LOOSE
 - M - MARRED
 - MI - MILDEW
 - R - RUBBED
 - RU - RUSTED
 - SC - SCRATCHED
 - SH - SHORT
 - SO - SOILED
 - T - TORN
 - W - BADLY WORN
 - Z - CRACKED
 - P - PITTED
 - C - CAVED
 - BE - BENT
 - BR - BROKEN
 - BU - BURNED
 - CH - CHIPPED

THIS SPACE TO BE USED FOR DESTINATION EXCEPTIONS BY OWNER ONLY!

EXCEPTIONS (IF ANY) AT DESTINATION:

"We have checked the items listed and Acknowledge that this is the state of the goods received".

AT ORIGIN	CARRIER OR AUTHORIZED AGENT(DRIVER) (SIGNATURE)	DATE	AT DESTINATION	CARRIER OR AUTHORIZED AGENT(DRIVER) (SIGNATURE)	DATE
	OWNER OR AUTHORIZED AGENT (SIGNATURE)	DATE		OWNER OR AUTHORIZED AGENT (SIGNATURE)	DATE

Name of Mover: _____

Address of Mover: _____

Tel: _____ E-mail: _____

Deductible: Policy will be subject to a deductible as shall be mentioned in the “Confirmation of Insurance” to be issued.

Note: Vehicles to be insured for their full actual cash value at destination. Actual cash value is defined as replacement cost less depreciation. Shipment insured for less than actual cash value will be subject to the 100% Co-Insured Clause as noted on the “Confirmation of Insurance”.

Cover is valid only if and after a “Confirmation of Insurance” has been issued and will be subject to the terms and conditions therein. Said “Confirmation of Insurance” should be obtained by you from our office or your forwarder prior to shipment.

I desire to effect insurance on my Automobile/Motorcycle/Vehicle as arranged by **Ishlav insurance agency Ltd** in the amounts noted above. I agree that this application shall be taken as the basis for the proposed contract between myself, **Ishlav insurance agency Ltd-** and their underwriters. I understand the Mover/Forwarder/Packer is acting as “Agent for the Insured” in securing this coverage. The Mover/Forwarder/Packer is not Ishlav insurance agency Ltd's agent and has no authority to change or modify any condition of coverage. I hereby declare that all the information in this cumulative form is correct.

Signature: _____

Date:_____