

High-Value Art Marine Transit Insurance Form

Applicant Information

Full Name

Company Name

Email

Phone Number

Address

Transit Details

Origin

Destination

Desired Transit Date

Mode of Transport

Carrier / Shipping Company

Artwork Details

Description of Artwork

Artist Name

Declared Value (Currency & Amount)

Year of Creation

Dimensions (cm or in.)

Weight (kg or lbs)

Other Items/Details

Insurance Details

Insurance Amount Requested

Previous Insurance Claims

Special Instructions