

# Moving insurance form

Mr  Miss

Name : .....

Surname : .....

Family situation :      single – married – with children(s)

Native country : .....

## Address in Belgium

Street + n° : .....

Zip code + Locality : .....

Email\* : .....

Phone\* : .....

\*private or professional : .....

## Objects to ensure

(min. premium = 250 EUR without taxes)

less than 60.000 EUR  60.000 to 80.000 EUR  80.000 to 100.000 EUR  up to 100.000EUR

amount to be specified : ..... EUR

## Warning deductible excess (amount equivalent to the gross premium))

Breakables (max 20% of the gross value) : .....EUR

Move date scheduled : ...../...../20....

## Information mover :

.....  
.....  
.....

N° agrégation :

## Further information or question :

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