

International Customized Declared Value



APPLICATION

DATE : _____

CUSTOMER INFORMATION

COMPANY NAME OF (include names of all subsidiary firms or corporations) _____

CONTACT PERSON _____

TITLE _____

BILLING ADDRESS _____

TELEPHONE _____

FAX _____

SHIPPING ADDRESS _____

TELEPHONE _____

E-MAIL _____

UPS SHIPPER NUMBER(S) _____

ENTERPRISE ACCT ID _____

SHIPPING INFORMATION

DESCRIPTION OF BUSINESS (Merchandise Description and Manufacturer, Distributor, etc.) _____

PRIMARY SHIPPING COUNTRIES: _____

TOTAL # packages **Shipped** during the last 12 months (under small parcel)

TOTAL # packages to be **Shipped** during next 12 months

TOTAL # packages to be **Protected** during next 12 months (in this program)

AVERAGE value-of-loss per package (average value of goods being shipped)

MAXIMUM value-of-loss per package (max value of goods being shipped)

UK	Europe	US	World
_____ #	_____ #	_____ #	_____ #
_____ #	_____ #	_____ #	_____ #
_____ #	_____ #	_____ #	_____ #
£ _____	£ _____	£ _____	£ _____
£ _____	£ _____	£ _____	£ _____

METHOD OF PICKUP: ☐ Regular daily pickup

☐ Letter Box

☐ Other: _____

BILLING TERMS: ☐ Prepaid

☐ Freight Collect

☐ Third Party ☐ Other: _____

SHIPPING SYSTEM: ☐ **Worldship**

☐ **Internet**

☐ **Vendor System** ☐ **Other:** _____

Are items ever shipped via ASD or Waybill? Reason? _____

REQUESTED PROTECTION

PACKAGE SELECTION METHOD (choose manual or automatic)

☐ MANUAL SELECTION: (Customer selectively Protects on a per-piece basis.)

☐ AUTOMATIC SELECTION: (Automatically Protects all eligible pieces for a fixed amount of Protection.)

a. REQUESTED AUTOMATIC DECLARED VALUE: £ _____ PER PIECE (specifies the Protection amount for eligible packages)

LOSS HISTORY (REQUIRED)

LOSS EXPERIENCE

A. LOSS EXPERIENCE FOR PAST **THREE (3)** YRS

LOSSES PAID

NUMBER OF LOSSES

Year:	Year:	Year:
£ _____	£ _____	£ _____
# _____	# _____	# _____

REMARKS

(refer to section number when addressing sections on this application form) ☐ e-mailed to: _____

☐ attached

☐ N/A

SIGNATURE

SIGNATURE OF APPLICANT _____

TITLE _____

DATE _____

By signing above, applicant is confirming that the information contained herein is true and accurate.