



ACCREDITED MOVERS

QUALITY CHECKED MOVING COMPANIES

[Your Company Name]

[Your Street Address]

[Your City] [Your Postcode]

[Your Telephone number]

[Your Email Address]

Insurance / Liability Disclaimer Notification

Customer Name:	
Address:	

We regret to inform you that we are unable to provide Insurance / Liability Cover on the following:

Item Details:	
Reasons for no cover:	

Please print, sign and date this document to confirm your understanding of this matter.

Name:

Signature:

Date: