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# Household Goods Shipment 1 of 1 Insurance Selection

Select the type of insurance you would like on your shipment. Refer to the [Liability and Claims](#) counseling page for more information.

## Interview:

- [Member Information](#)
- [Assignment Information](#)
- [Join Spouse Information](#)
- [Previous Shipments](#)
- [Add / Modify / Delete Shipments](#)

## Counseling Information:

- [Entitlements](#)
- [Join Spouse Assignments](#)
- [Professional Gear](#)
- [Household Goods](#)
- [Boats and Trailers](#)
- [Motorcycles](#)
- [Firearms](#)
- [Liability and Claims](#)

## Additional Information:

- [Glossary](#)
- [Weight Estimator](#)
- [Sample DD Form 1840](#)
- ["It's Your Move" Pamphlet](#)

	Option	Your <b>estimated</b> cost	Valuation
<input type="checkbox"/>	Basic Coverage	\$0.00	\$22,500.00
<input type="checkbox"/>	Higher Valuation	\$201.60	\$54,000.00
<input type="checkbox"/>	Full Replacement	\$391.50	\$21,000.00

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AFPACS V1.0.

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