PSA Vault

Maximum Insured Value (MIV) Form

Customer Service Representatives Only

Date: _____

Time: _____

CSR Initials: _____

Customer's Full Name: _____

CID Number: _____

PSA Customer Number: _____

Vaulted Item Qty: _____

Total MIV of Vaulted Items (USD): $_____

The declared value protects submissions during transportation, and any need for item replacement or compensation will be in accordance with previously signed terms and conditions on Vault submissions.