Starving Artists Moving Corp.
134B Hall Street
Concord, NH 03301

MCN or US DOT#210983

COMBINED ESTIMATE / ORDER FOR SERVICE

Shipment Reg / ID # _____
Carrier Rep _____
Carrier Rep Phone _____

SHIPMENT INFORMATION

Shipper _____
Address _____
City _____ State _____ Zip _____
Phone _____ Alt Phone _____

Consignee (if different from shipper) _____
Address _____
City _____ State _____ Zip _____
Phone _____ Alt Phone _____

Packing Date _____ ☐ Guaranteed ☐ Agreed
Pickup Date _____ ☐ Guaranteed ☐ Agreed
Delivery Date _____ ☐ Guaranteed ☐ Agreed
Services Dates _____
Penalty or Per Diem _____

Hauling Carrier
US DOT # _____
Company _____

Nearest Destination Office Or Agent
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____

CUSTOMER'S DECLARATION OF VALUE
TARIFF LEVEL OF CARRIER LIABILITY - THIS IS NOT INSURANCE

Shipper must select one of the following available options to establish carrier's maximum liability for shipper's goods, subject to the rules contained in carrier's tariff.

OPTION 1: FULL (REPLACEMENT) VALUE PROTECTION
If any article is lost, destroyed or damaged while in carrier's custody, carrier will either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by carrier, or pay shipper the cost of such repairs; or 2) replace the article with an article of like kind and quality, or pay shipper for the cost of such a replacement. An additional charge applies for this option.

To select Option 1, shipper must write, on the line below, either a lump sum dollar amount for the value of the shipment that is not less than $5000, or an amount per pound that is not less $4.90 per pound, whichever is greater AND shipper must initial one of the following deductible amounts that will apply for your shipment:

The value of my shipment is: $ _____

_____ No Deductible _____ $250 Deductible _____ $500 Deductible _____ Other $_____

OPTION 2: RELEASED VALUE OF 60 CENTS PER POUND PER ARTICLE
If any article is lost, destroyed or damaged while in carrier's custody, carrier liability is limited to the actual weight of the lost, destroyed or damaged article multiplied by 60 cents per pound per article. This is the basic liability level and is provided at no charge. It is considerably less than the average value of household goods.

To select Option 2, shipper must write, on the line below, the words "60 cents per pound".

The value of my shipment is: _____

Shipper's signature is required here: I acknowledge that I have 1) declared a value for my shipment and selected a deductible amount, if appropriate, and 2) received and read a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions.

_____ Shipper's Signature _____ Date

Extraordinary (Unusual) Value Article Declaration

I acknowledge that I have prepared and retained a copy of the "Inventory of Items Valued in Excess of $100 Per Pound Per Article" that are included in my shipment and that I have given a copy of this inventory to the carrier's representative. I also acknowledge that the carrier's liability for loss of or damage to any article valued in excess of $100 per pound will be limited to $100 per pound of such lost or damaged article (based on actual article weight), not to exceed the declared value of the entire shipment, unless I have specifically identified such articles for which a claim for loss or damage is made on the attached inventory.

_____ Shipper's Signature _____ Date

By initialling below, Shipper acknowledges receipt of the following informational brochures OR has been made aware that these brochures are available at https://www.protectyourmove.gov/

Ready to Move? Tips for a Successful Interstate Move _____
Your Rights and Responsibilities When You Move _____

ESTIMATE OF SERVICES

Date _____

The Carrier has performed an estimate of the services listed. The Shipper (or Representative) acknowledges this estimate reflects requested services. The Carrier Representative acknowledges the estimate may also include necessary or required services for the safe transportation of the shipment.

_____ Shipper's Signature (or Representative) _____ Carrier Representative's Signature

TRANSPORTATION AND SERVICES — CHARGES

Subject to a minimum weight of 1,000 lbs and, if applicable, a minimum charge of $_____

Estimated charges based on:

Binding Estimate $
Transportation
Fuel Cost - 15%
Item 135 - Orig
Item 135 - Dest

IF NOTIFICATION OF CHARGES PRIOR TO DELIVERY IS REQUESTED, PROVIDE FAX NUMBER, EMAIL ADDRESS, OR STREET ADDRESS WHERE NOTIFICATION IS TO BE TRANSMITTED

_____
_____

☐ **NON-BINDING** **Estimated Total Charges:** _____

OR

☐ **BINDING** **Shipper and Carrier agree to a Binding Charge of** _____
This amount is guaranteed for _____ **days from the date of signing**

For a C.O.D. shipment, the maximumn amount to be paid upon delivery is 100% of a binding estimate or 110% of a non-binding estimate (_____).

The estimated charges, non-binding or binding, are based on the articles and services listed below. Any additional services OR any outstanding balance will be billed 30 days after delivery.

Charge P.P.D C.O.D
☐ ☐ ☐ Payment in Cash, Certified Check, Traveler's Check, Bank Cashier's Check

ORDER FOR SERVICE

Date _____

The Shipper (or Representative) by his signature hereby orders the services outlined herein to be performed on his behalf; and further acknowledges that all arrangements regarding contact while en route and/or at destination, method of payment, and notification of charges are as designated by him.

_____ Shipper's Signature (or Representative) _____ Carrier Representative's Signature