

BILL OF LADING

PICKUP INFORMATION	DELIVERY INFORMATION
Shipper <u>Jane Doe</u>	Consignee (if different from shipper) _____
Address <u>123 MAIN STREET</u>	Address <u>321 SECOND STREET</u>
City <u>CONCORD</u> State <u>NH</u> Zip <u>03301</u>	City <u>CONCORD</u> State <u>NH</u> Zip <u>03301</u>
Phone <u>603-555-5555</u> Work Phone _____ Cell Phone <u>603-555-5555</u>	Phone _____ Alt Phone _____
Shipper's En Route Contact _____	Shipper's Delivery Contact _____
Phone _____ Alt Phone _____	Phone _____ Alt Phone _____

Packing Date _____ <input type="checkbox"/> Guaranteed <input type="checkbox"/> Agreed	Delivery Date <u>12/31/2099</u> <input type="checkbox"/> Guaranteed <input type="checkbox"/> Agreed
Pickup Date <u>12/31/2099</u> <input type="checkbox"/> Guaranteed <input type="checkbox"/> Agreed	Services Dates _____ Penalty or Per Diem _____

<p>BILL OF LADING IS NOT COMPLETE UNLESS ACCOMPANIED BY THE STATEMENT OF LEVEL OF CARRIER LIABILITY COMPLETED BY THE SHIPPER</p> <p>- CUSTOMER MUST SIGN AT LEAST 3 DAYS PRIOR TO PICKUP DATE -</p> <p>I have received, read, understand and signed the Statement of Carrier Liability</p>	<p style="text-align: center;">Delivery Agent or Interline Carrier (if any)</p> Company _____ Address _____ City _____ State _____ Zip _____
	Weight _____ Scale _____ Address _____ 1,000 lbs Location City _____ State _____ Zip _____
	Subject to a minimum weight of 1,000 lbs and, if applicable, a minimum charge of... <input type="checkbox"/> NON-BINDING Estimated Total Charges: _____ OR <input type="checkbox"/> BINDING Shipper and Carrier agree to a Binding Charge of \$1,176.00 This amount is guaranteed for _____ days from the date of signing
	For a C.O.D. shipment, the maximum 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.

Customer Signature _____	Date _____
Customer must complete page 2 of this BOL to declare valuation of: 60 cents per LB per article _____, or FVP at \$0 deductible _____; or at \$250 deductible _____; or at \$500 deductible _____	
Customer Initial _____	Carrier Initial _____

Notice: Carrier's tariffs, by this reference, are made a part of the bill of lading and may be inspected at carrier's facility, or, on request, carrier will furnish a copy of any tariff provision containing carrier's rates, rules or charges governing the shipment.

Special Instructions or Comments

RELEASE OF SHIPMENT TO CARRIER Date _____

The Shipper hereby releases his shipment to the carrier.

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

ACKNOWLEDGEMENT OF DELIVERY Date _____

Shipment was received in apparent good condition, except as noted on inventory, and services ordered were performed.

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

BILLING INFORMATION

Charge P.P.D. C.O.D. Payable
 To: Starving Artists Movers Corp
 Payment in Cash, Certified Check, Traveler's Check, Bank Cashier's Check

Bill To: _____
 Address _____
 City: _____ State _____ Zip _____
 Contact: _____

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

TRANSPORTATION AND SERVICES	
Binding Estimate \$	1,176.00
Transportation	932.58
Fuel Cost - 17%	152.44
Item 135 - Orig	45.70
Item 135 - Dest	45.70

BILL OF LADING PAGE 2 – CUSTOMER'S DECLARATION OF VALUE

CUSTOMER'S DECLARATION OF VALUE: THIS IS A STATEMENT OF THE LEVEL OF CARRIER LIABILITY IT IS NOT INSURANCE

Option 1: The cost estimate that you receive from your mover must include full (replacement) value protection for the articles that are included in your shipment. If you wish to waive the full (replacement) value level of protection you must complete the WAIVER of full (replacement) value protection shown below. Full (replacement) value protection is the most comprehensive plan available for protection of your goods. If any article is lost, destroyed or damaged while in your mover's custody your mover will, at its option, either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by your mover, or pay you for the cost of such repairs, or 2) replace the article with an article of like kind and quality, or pay you for the cost of such a replacement. Under full (replacement) value protection if you do not declare a higher replacement value on this form prior to the time of shipment the value of your goods will be deemed to be equal to \$6.00 multiplied by the weight (in pounds) of the shipment subject to a minimum valuation for the shipment of \$6,000. Under this option the cost of your move will be composed of a base rate plus an added cost reflecting the cost of providing this full value cargo liability protection for your shipment. If you wish to declare a higher value for your shipment than these default amounts you must indicate that value here. Declaring a higher value may increase the valuation charge in your cost estimate. The total value of my shipment is _____ (provided by customer). Dollar estimate of the cost of your move at full (replacement) value protection _____ (provided by carrier). I acknowledge that for my shipment I have 1)ACCEPTED the full (replacement) level of protection included in this estimate of charges and declared a higher total value of my shipment (if appropriate), and 2) received a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions. Customer's signature X _____ Date _____.

Deductibles You may also select one of the following deductible amounts under the full (replacement) value level of liability that will apply for your shipment. If you do not make a selection the "no deductible" level of full value protection that is included in your cost estimate will apply.

\$0 deductible: _____ \$250 deductible: _____ \$500 deductible: _____ other deductible: _____
cost of full value move \$ _____ customer initial _____

*particle board furniture is excluded because it is made to be used in place and not moved

Option 2: WAIVER of full (replacement) value protection. This lower level of protection is provided at no additional cost beyond the base rate, however, it provides only minimal protection that is considerably less than the average value of household goods. Under this option a claim for any article that may be lost, destroyed or damaged while in your mover's custody will be settled based on the weight of the individual article multiplied by 60 cents. For example, the settlement for an audio component valued at \$1,000 that weighs 10 pounds would be \$6.00 (10 pounds times 60 cents). Dollar estimate of the cost of your move under the 60 cents option: _____. Complete this part only if you wish to WAIVE the full (replacement) level of protection included in the higher cost estimate provided above for your shipment and instead select the lower released value of 60 cents per pound per article. To do so you must initial and sign on the lines below:

I wish to release my shipment to a maximum value of 60 cents per pound per article _____ (initials). I acknowledge that for my shipment I have 1)WAIVED the full (replacement) level of protection for which I have received an estimate of charges, and 2) received a copy of the "Rights and Responsibilities When You Move" brochure explaining these provisions.

Customer's signature _____ Date _____.

*particle board furniture is excluded because it is made to be used in place and not moved

Declaration of article(s) of extraordinary (unusual) value 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 mover's representative. I also acknowledge that the mover's liability for loss of or damage to any article valued in excess of \$100 per pound will be limited to \$100 per pound for each pound of such lost or damaged article(s)(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 may be made on the attached inventory. Customer's signature _____ Date _____

THIS DECLARATION OF VALUE IS PART OF THE BILL OF LADING AND MUST BE COMPLETED AND SIGNED