1230 Taney Street Kansas CIty, MO 64116 Office- 773-949-8492

US DOT No: 3828829 ICC/MC No: 1388171

Blue Diamond Movers

Order No: D5276248 - R2
Pick-Up Date: 08/28/2023-08/29/2023
1 ST Available Date for Delivery:
Vehicle ID:

INTERSTATE BILL OF LADING CONTRACT

ORIGIN		DESTINATION			
SHIPPER: Wendell Soliven		CONSIGNED TO: Wendell Soliven			
ADDRESS: 1608 St Charles Ave		ADDRESS: North Kenmore			
FLOOR/APT/LEVEL: , A: 8		FLOOR/APT/LEVEL:			
CITY/STATE/ZIP: New Orleans, LA 70130		CITY/STATE/ZIP: Chicago, IL 60290			
PHONE: 12488275006		PHONE:			
Agent Name:	Address:		Phone:	US DOT:	

SIGN AT LEAST 3 DAYS BEFORE PICK-UP DATE:

I acknowledge I have read and agree to all the terms and conditions on both sides of this bill of lading contract. I have received the arbitration information and the booklet: Your Rights and Responsibilities When you Move and pamphlet Ready to Move. I agree to pay for the total charges for moving services. I approved the total estimated charges prior to the moving services beginning.

Nutil Land

Sign Date: 08/25/2023 01:04:17 PM ET Sign Name: Wendell

Soliven IP: 172.225.204.105

PAYMENT TERMS:

Upon booking a deposit is required to be paid. Acceptable payment forms are credit card, cashier's check, or cash. Prior to pick-up a portion of the balance is due. Acceptable payment forms are credit card, cashier's check, cash, postal money order. Balance is due at delivery prior to unloading. Acceptable payment form post money order or Cash.

Soliven IP: 172.225.204.105

Sign Date: 08/25/2023 01:04:17 PM ET Sign Name: Wendell

Print this document via **Printer Friendly**

FULL VALUE PROTECTION: \$12,012.00 Deductible: \$0 \$250 \$500 \$750 \$1000 \$1500 Valuation: \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 **Estimate Plus** \$1991.28 \$1991.28 \$1991.28 \$1991.28 \$1991.28 \$1991.28 Valuation:

VALUATION OPTIONS: THE CONSUMER MUST SELECT ONE OF THESE OPTIONS FOR THE CARRIER'S LIABILITY FOR LOSS OR DAMAGE TO YOUR HOUSEHOLD GOODS. CUSTOMER'S DECLARATION OF VALUE. THIS IS A TARIFF 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

SUMMARY OF CHARGES

CUBIC FEET CHARGES:				
.ft. @ \$4.00 per cu.f	ft.	\$1144.00		
cu.ft. @ \$	per cu.ft.	\$		
cu.ft. @ \$ per cu.ft.		\$		
WEIGHT CHARGES:				
lbs. @ p	per lbs.			
lbs. @ \$	per lbs.	\$		
lbs. @ \$ per lbs.		\$		
HOURLY CHARGES:				
Start Time	End Time	Hours		
Start Time	End Time	Hours		
men Truc	ks @ \$/hr.	\$		
men Truc	ks @ \$/hr.	\$		
	cu.ft. @ \$4.00 per cu.ft. @ \$.ft. @ \$4.00 per cu.ft.		

plus an added cost reflecting the cost of providing t	his full value cargo liability	Binding Estimate Fee		\$1010.00
protection for your shipment. If you wish to declar shipment than these default amounts, you must		Other:		\$
Declaring a higher value may increase the valua	Other:	\$		
estimate.		Other:		¢
The Total Value of my shipment is: \$(p	rovided by the customer)		G MATERIALS AND LA	I♥ \BOR:
Dollar Estimate of the cost of your move				
at Full (Replacement) Value Protection: \$	(provided by carrier)	Other:	UNTS AND ADJUSTME	^{\$} :NTQ∙
Landon and a draw that for your abia are and the sure 4) ACCED	TED # F!!			
I acknowledge that for my shipment I have 1) ACCEP (Replacement) Level of protection included in this esti	imate and declared a	essential employee disc	ount	- \$300.00
higher total value of my shipment (if appropriate), and Your Rights and Responsibilities When You Move bro		Other:	STORAGE CHARGES:	\$
provisions.	chare explaining these			T
Customer's Signature	Date	Days @ cu.ft	@ \$per cu.ft. per mon	th \$
		Other:		\$
OPTION 2: WAIVER of Full (Replacement) Value Proprotection is provided at no additional cost beyond		SU	MMARY OF CHARGES) :
provides only minimal protection that is consideral			TOTAL CHARGE	ES: \$1991.28
value of household goods. Under this option, a claim	for an article that may be	PAYMENTS:		\$828.12
lost, destroyed, or damaged while in your mover's cu on the weight of the individual article multiplied by 6		PAYMENTS:		\$
settlement for an audio component valued at \$100			BALANCE DU	JE: \$
would be \$6.00 (10 pounds times 60 cents).	3	PRICE ADJUSTMENT:		\$
COMPLETE THIS PART ONLY if you wish to MAI	/E the Full (Deplement)		Payment Collected at Deliv	erv: \$
COMPLETE THIS PART ONLY if you wish to WAIN Level of Protection included in the higher cost es				\$
Option 1 for your shipment and instead select the LO		NI	EW BALANCE DUE IN 30 DA	NYS: \$
Cents Per Pound Per Article; to do so you must in below.	litial and sign on the lines	DICK LID. ACKNO	NAU EDOEMENT.	
I wish to Release My Shipment to a Maximum Valo	ue of		DWLEDGEMENT: I, refully read and fully under:	Wendell Soliven,
60 Cents per Pound per Article. Customer Initials	:		erstate Bill of Lading con	
I acknowledge that for my shipment I have 1) WAIV			charges and services listed	
Level of protection for which I have received an estreceived a copy of the Your Rights and Response		else harmless. I acknowledge that the charges above are based on the actual household goods shipment weight or volume. I hereby		
brochure explaining these provisions.	Sibilities When Tou Move		goods snipment weight of my household goods to t	
		the terms and condition		are carrier cabject to
Dollar Estimate of the cost of your move under the 60-cents option: \$ (pr	ovided by carrier)	Customer's Signature at P	ick-Up Da	ite
		Carrier Signature at Pick-U	Jp Da	ite .
Customer's Signature	Date	Samor Signature at 1 long		
		Notice of Maximum :	amount due upon delivery	v: Final charges will
TOTAL ESTIMATED CHARGES:	\$1991.28	be based on actual v	weight or cubic feet of pro	operty and services
Estimates are not guaranteed per 49 CFR 375.403(6)	Ţ.0011 <u>2</u> 0	_ ·	ximum amount to be paid	
ESTIMATED Cu.Ft./Lbs.:	286 cf.	demanded at destination is the amount of the last issued non-binding estimate plus 10%; or 100% of the last binding estimate issued; plus		
TOTAL MINIMUM CHARGE:	\$		any remaining balances du Payment in full of all cha	
		unloading. Fees for po	st contract services must be	
		delivery and prior to ur	iioauiiig.	
DELIVERY ACKNOWLEDGEMENT: Shippe	er hereby acknowledges t	that the shipment was r	eceived in apparently good	I condition except as
noted on the inventory list. Shipper acknowledges	s that all the services that	were ordered have been	en performed, have been fu	ully satisfied, and the
truck was inspected and nothing has been left beh	ind. Shipper and/or agent	has full authority to acc	<u> </u>	into this agreement.
Customer's Signature at Delivery			Date	
Carrier Signature at Delivery			Date	

SERVICE CHARGES:

\$137.28

INCLUDED

Fuel Surcharge: 12.00 %

Valuation Protection at \$0.60 per pound per Item:

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

\$6000. Under this option, the cost of your move will be composed of a base rate

CONTRACT TERMS AND CONDITIONS OF BILL OF LADING