

2479 Industrial Pkwy W, Unit V, Hayward, CA 94545
INTERSTATE BILL OF LADING AND ORDER FOR SERVICE

Origin Information: Customer Name, Address, City, State, Zip Code, Primary Phone, Secondary Phone, Contact Person En Route: Name

Destination Information: Customer Name, Address, City, State, Zip Code, Primary Phone, Secondary Phone, Contact Person En Route: Name

Valuation Information: 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) 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 \$6000. 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: (to be provided by the customer)

Dollar Estimate of the cost of your move at Full (Replacement) Value Protection: (to be provided by carrier)

I acknowledge that for my shipment I have 1) ACCEPTED the Full (Replacement) Level of protection included in the estimate 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.

X (Customer's Signature & Date)

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 \$1000 that weighs 10 pounds would be \$6.00 (10 pounds times 60¢). Dollar Estimate of the cost of your move under the 60-cents option:

S (to be provided by carrier)

COMPLETE THIS PART ONLY if you wish to WAIVE the Full (Replacement) Level of Protection included in the higher cost estimate provided (above) (on the prior page) 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. (Customer's 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 "Your Rights and Responsibilities When You Move" brochure explaining these provisions.

X (Customer's Signature & Date)

TARIFF AVAILABILITY: Carrier's Tariff, by reference, is made a part of the Bill of Lading and is available for inspection at the carrier's facility. Carrier may furnish a copy of provisions of the tariff governing this shipment upon request.

METHOD OF CONVERSION: Non-Binding Estimates will be calculated by the actual weight of a shipment supported by weight tickets. Binding Estimates will be calculated by utilizing the mandatory conversion formula of the actual cubic feet multiplied by 7.

DOCUMENTS: I hereby declare that I have received the publications Ready to Move; Claim Filing & Arbitration Program information.

Customer's Signature X Date 8/31/18

Services: Lbs.@\$, Cu. Ft.@\$, Fuel Surcharge, Packing Labor & Materials, Stairs / Elevator, Long Carry / Shuttle, SIT / Stg. Handling, Hoisting / Lowering, Extra Stop, Waiting Time / Overnight, Redelivery, Bulky Article / Extra Labor, Other, Other, FVP, Insurance, TOTAL APPLICABLE CHARGES, TARIFF DISCOUNTS, PREPAID DEPOSIT, ORIGIN PAYMENT, BALANCE DUE AT DESTINATION, PICK UP ACKNOWLEDGEMENT, Customer Signature, Carrier's (Driver), PRICE ADJUSTMENTS, DESTINATION PAYMENT, BALANCE DUE TO CARRIER WITHIN 30 DAYS, DELIVERY ACKNOWLEDGEMENT, Customer Signature