

November 30<sup>th</sup>, 2018

Attn: [DOCS@MOVINGCLAIMS.NET](mailto:DOCS@MOVINGCLAIMS.NET)

Attn. Summit Van Lines

Subject Lanferman Dispute Move 6/27/18

Good morning:

Per your instructions; let this serve as a letter disputing your settlement offer.

Your settlement offer letter makes reference to us accepting the standard valuation of .60 per pound.

In fact, you used the phrase "it clearly states"

However, it did not state that. **It clearly states** that we chose full increased valuation to \$10,000.00 with a \$1,000.00 deductible. Therefore; the full replacement value is \$6556.70 again as **clearly stated** on the bill of lading.

I am enclosing also as per your request; both the order for service; the bill of lading and the **binding estimate**; which also reflects the same.

Since we have now complied with every requirement set forth by MovingClaims.Net / Summit Van Lines;

It is our expectation that Summit fulfill their part of the contract they entered with us

Sincerely yours,



Roger and Tracy Lanferman



147 500  
 147 500  
 147 500  
 147 500

# ORDER FOR SERVICE

**SUNNIT VAN LINES, INC.**  
 340 NW 10TH AVE  
 FORT LAUDERDALE, FL 33311  
 352-477-8884

115772

**IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER**

SHIPPER <u>Roger LAUFerman</u>	CONSIGNED TO <u>Same</u>
ADDRESS <u>1906 NW 48 Ave</u>	ADDRESS _____
FLOOR _____ ELEV. _____ TEL: <u>9542054900</u>	FLOOR _____ ELEV. _____ TEL: _____
CITY <u>COCONUT CRK</u> STATE <u>FL</u>	CITY <u>Acworth</u> STATE <u>GA</u>

CARRIER'S DELIVERING AGENT OR INTERLINING CARRIER (IF ANY) \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

LOCATION OF CERTIFIED SCALE TO BE USED IN WEIGHING SHIPMENT AT ORIGIN \_\_\_\_\_

PACKING DATE REQUESTED	AGREED PICKUP DATE or period of time	GUARANTEED PICKUP DATE	AGREED DELIVERY DATE or period of time	GUARANTEED DELIVERY DATE	GUARANTEED SERVICE DATES
<u>6/27/18</u> (if applicable)	<u>6/27/18</u> (if applicable)	<u>6/27/18</u> (if applicable)	<u>6/27/18</u> (if applicable)	<u>X</u> (if applicable)	<u>X</u> (if applicable)

**SHIPPER'S CONTACT EN ROUTE SERVICES (AS APPLICABLE) CHARGES**

NAME _____	Transportation FROM <u>Fort to GA</u>	CHARGES <u>6.55/2</u>
ADDRESS _____	Origin/Destination Fee <u>@ 0.46</u>	
CITY _____ STATE _____ PHONE _____	Fuel Surcharge _____	

**SHIPPER'S CONTACT AT DESTINATION**

NAME _____	Containers, Packing & Unpacking _____
ADDRESS _____	Storage-In-Transit at Location _____
CITY _____ STATE _____ PHONE _____	Date In _____ Date Out _____

SHIPPER DOES NOT  DOES  REQUEST NOTIFICATION CHARGES PRIOR TO DELIVERY AT:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

Shipment subject to a minimum of ..... \$

**BINDING ESTIMATE CHARGES**  YES  NO

Transportation \_\_\_\_\_ Dest. Services \_\_\_\_\_

Origin Service \_\_\_\_\_ Storage. \_\_\_\_\_

Total Charges \_\_\_\_\_

Total Charges above cover only the articles and services indicated on the estimate accompanying this order for service, signed by representative of both the carrier and shipper. Total charges are guaranteed for \_\_\_\_\_ days from date of signing.

Non-Binding Estimated Charges \_\_\_\_\_

110% Collection Option (COD) \_\_\_\_\_

**BALANCE WILL BE BILLED 30 DAYS AFTER DELIVERY**

Payment in Cash or Certified Check, Traveler's Check or Bank Cashier's Check

Payable To \_\_\_\_\_

BILLING INFORMATION Type of Shipment  Chg.  P.P.D.  C.O.D.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ATTENTION OF: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

DATE 6/27/18 X Roger Laferman SHIPPER'S REPRESENTATIVE

THE SHIPPER (OR HIS 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.

THE CARRIER, BY SIGNATURE OF ITS REPRESENTATIVE, HEREBY ACCEPTS THIS ORDER FOR SERVICES AND AGREES TO PERFORM THE SERVICES OUTLINED HEREIN AND TO COMPLY WITH SUCH OTHER ARRANGEMENTS AS ARE SPECIFIED.

NO. MV 303  
 MR 309  
 MC 399587  
 USDOT 924735

**UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL**  
**SUMMIT VAN LINES**  
 980 NW 10TH AVE  
 FORT LAUDERDALE, FL 33311  
 896-467-8864  
 WWW.SUMMITVANLINES.COM

VEHICLE NO.	

**IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER**

CONNECTING OR INTERLINING CARRIER (IF ANY)	ADDRESS	PHONE
RECEIVED, subject to classifications, tariffs, rules and regulations including all terms printed or stamped hereon or on the reverse side hereof in effect on the date of issue of this bill of lading		
SHIPPER	DATE	CONSIGNEE TO
ADDRESS		ADDRESS
FLOOR	ELEV.	TEL.
CITY	COUNTY	STATE

ACTUAL PICKUP DATE	AGREED PICKUP DATE (if applicable)	GUARANTEED PICKUP DATE	AGREED DELIVERY DATE (if applicable)	GUARANTEED DELIVERY DATE (if applicable)
6/27/18	6/27/18	6/27/18	6/27/18	6/27/18

**NOTIFICATION OF CHARGES**  
 SHIPPER REQUESTS NOTIFICATION OF ACTUAL CHARGES TO PARTY SHOWN BELOW   
 NOTIFY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TEL. \_\_\_\_\_  
 IN CASE OF DELAY, OR IF CHARGES EXCEED ESTIMATE BY MORE THAN 10%  
 NOTIFY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TEL. \_\_\_\_\_  
 Payment in Cash or Certified Check, Money Order, Traveler's Check or Cashier's Check  
**BILLING INFORMATION**  
 NAME ROGER LANFERMAN  
 ADDRESS 1906 NW 118TH AVE  
 CITY & STATE COCONUT CREEK FL 33063  
 ATTENTION OF \_\_\_\_\_  
 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.

Tariff <u>D-400</u>	Gross _____ Tare _____ Net _____ Min. Wt. <u>14100</u>	ORIGINAL	REWEIGH
I waive my right to observe the re-weigh of this shipment.			
Signature _____	Date _____		

SERVICES (AS APPLICABLE)	CHARGES
Transportation FROM <u>FL</u> TO <u>GA</u>	
Origin/Destination Fee	
Fuel Surcharge	<u>6,556.70</u>
Containers, Packing & Unpacking	
Storage-In-Transit at Location	
Date In _____ Date Out _____	
SIT Pickup and Delivery	
Extra Pickups or Deliveries No. _____ at _____	
Extra Labor, Special Services or Waiting Time	
Bulky Articles	
Additional Weight Additives	
Advanced Charges	
Shuttle Service	
Self-Storage/Mini-Warehouse Pickups or Deliveries	
Overtime Pickups or Deliveries	
Other Additional Services <u>increased value has 10,000/1,000 red vehicle</u>	

**SPECIAL SERVICES**  
 EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE \_\_\_\_\_  
 SHIPMENT COMPLETELY OCCUPIED A \_\_\_\_\_ CU. FT. VEHICLE  
 EXCLUSIVE USE OF A \_\_\_\_\_ CU. FT. VEHICLE ORDERED  
 SPACE RESERVATION \_\_\_\_\_ CU. FT. ORDERED  
 \_\_\_\_\_

**FULL AND CUSTOM CONTAINER SERVICE (AS APPLICABLE)**  
 NOTE: For shipments with origin/destination in California; Customer agrees that title to all packing materials and other property sold to customer passes to customer prior to the transportation of such property to the customer by carrier. The sale price of the containers and container material is \$ \_\_\_\_\_. This sale price is included in the total packing service charge.

FULL SERVICE	CONTAINERS & PACKING	\$	UNPACKING	\$
CUSTOM SERVICE	CONTAINERS & PACKING		UNPACKING	
CARTON DESCRIPTION	QUANTITY		QUANTITY	
DISH PACKS				
CARTONS Less Than 3 cft.				
CARTONS 3 cft.				
CARTONS 4.5				
CARTONS 6				
CARTONS 6.5				
WARDROBE, CTN.				
CRIB MATTRESS CTN.				
MATTRESS CTN., TWIN/TWIN LONG				
MATTRESS CTN., DOUBLE (NOT EXCEEDING 54" X 75")				
MATTRESS CTN., KING/QU. (EXCEEDING 54" X 75")				
HEAVY DUTY				
OTHER				
<b>TOTAL CONTAINERS &amp; PACKING</b>		<b>\$</b>	<b>TOTAL UNPACKING</b>	<b>\$</b>

**TOTAL CONTAINERS AND PACKING AND UNPACKING**

**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 \$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: \$ 10,000.00 (to be provided by the Customer)  
 Dollar Estimate of the COST of your move at Full (Replacement) Value Protection: \$ 6,556.70 (to be provided by Carrier)  
 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):  
 \$250 Deductible ( ) initial OR \$500 Deductible ( ) initial OR \$ 1,000.00 Deductible ( ) initial  
 Dollar Estimate of the cost of your move with \$ 6,556.70 Deductible: \$ 1,000.00 (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 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 Roger Lanferman Date 6/27/18 --- OR ---

Minimum Weight or Volume Charge	
Terms & Conditions for Payment of Total Charges Charges <input type="checkbox"/> Prepaid <input type="checkbox"/> C.O.D. <input type="checkbox"/> to be paid Cash, Certified Check or Money Order	
Maximum amount to be paid at time of delivery to obtain delivery of an estimated C.O.D. shipment	
<b>BALANCE DUE</b> (30 Working Days, Credit Extended if Requested)	
Prepayment Collected By <u>CC</u>	<u>3,778.35</u>
<b>BALANCE DUE</b>	

**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 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 cents). Dollar Estimate of the COST of your move under the 60 cents option: \$ \_\_\_\_\_ (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) 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)

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN APPARENT GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES ORDERED WERE PERFORMED.

SIGNED \_\_\_\_\_

REC'D FOR STORAGE \_\_\_\_\_ (WAREHOUSE) CONSIGNEE \_\_\_\_\_

BY \_\_\_\_\_ (WAREHOUSEMAN'S SIGNATURE) DATE \_\_\_\_\_ PER \_\_\_\_\_

**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.

JOB# 115772  
 TRIP#  
 MOVE DATE 6/1/2018  
 MOVE TIME 9:00 AM  
 JOB TYPE LONG DIST  
 BOOKED BY  
 BOOK DATE

# SUMMIT VAN LINES INC.

980 NW 10th AVE  
 FORT LAUDERDALE, FL 33311  
**BINDING ESTIMATE**  
 DOT#924735 MC#399587 FL #M1106

#Name?

R/C R  
 COMPANY 1  
 SOURCE 06  
 ESTIMATOR 91  
 TELM  
 ACCT#  
 PO#

## ESTIMATE SUMMARY REPORT

**SHIPPER:**

.LANFERMAN,ROGER OFFICE#  
 . LANFERMAN ROGER EXT#  
 1906 NW 48TH AVE HOME# (954) 205-4900  
 POMPANO BEACH, FL 33063 CELL#  
 COUNTY BROWARD CROSS ELV N WK/UP

**CONSIGNEE:**

.LANFERMAN,ROGER OFFICE#  
 . LANFERMAN ROGER EXT#  
 KENNESAW, GA HOME#  
 COUNTY CROSS ELV N WK/UP

**VALUATION / INSURANCE**

DEDUCTABLE	\$1,000.00
PROP/VALUE	\$10,000.00
RATE PER \$100	\$3.3000
VAL/INS FEE	\$330.00

RATEBY: WEIGHT

WEIGHT	14,145.00	RATE	\$0.4600	TOTAL	\$6,506.70
--------	-----------	------	----------	-------	------------

FURNITURE / ITEMS / INVENTORY	QUANT	CUBE	CUBE TOTAL
<b>12.LIVING ROOM</b>	1	0.00	0.00
ARM CHAIR	1	15.00	15.00
SOFA, 3 CUSHION	1	60.00	60.00
LOVESEAT	1	50.00	50.00
TABLES, COFFEE	1	5.00	5.00
TABLES, END	2	5.00	10.00
TRUNK	1	5.00	5.00
TV (MD)	1	15.00	15.00
TV STAND	1	10.00	10.00
MUSIC INST.	1	5.00	5.00
BOXES PBO	100	5.00	500.00
WARDROBE	6	10.00	60.00
<b>16.DINING ROOM</b>	1	0.00	0.00
BUFFET (BASE)	1	50.00	50.00
CHAIR DINING	4	5.00	20.00
TABLE DINING	1	40.00	40.00
EXERCISE EQUIPM	1	30.00	30.00
TABLE CONSOLE	1	30.00	30.00
HALL TREE LARGE	1	15.00	15.00
CAGE	2	15.00	30.00
<b>19.OFFICE</b>	1	0.00	0.00
BOOKCASE	1	40.00	40.00
CHAIR OFFICE	1	5.00	5.00
DESK COMPUTER	1	50.00	50.00
EXERCISE EQUIPM	1	30.00	30.00
MIRROR	1	5.00	5.00
RACK	1	15.00	15.00
<b>1#BEDROOM #1</b>	1	0.00	0.00
BED KING	1	85.00	85.00

coupon	-\$100.00
OFFICE DISCOUNT	-\$330.00
STRAIGHT DELIVERY	\$0.00
MATERIAL TOTAL	\$150.00
<b>GROSS TOTAL</b>	<b>\$6,556.70</b>

CHEST	1	40.00	40.00
DRESSER DOUBLE	1	60.00	60.00
MIRROR	1	5.00	5.00
TABLES,NIGHT	2	5.00	10.00
2.BEDROOM #2	1	0.00	0.00
BED FULL	1	70.00	70.00
BOOKCASE	1	40.00	40.00
DRESSER DOUBLE	1	60.00	60.00
MIRROR	1	5.00	5.00
TV (MD)	1	15.00	15.00
TV STAND	1	10.00	10.00
18.GARAGE	1	0.00	0.00
AIR COMPRESOR	1	30.00	30.00
GENERATOR	1	10.00	10.00
LADDER	3	5.00	15.00
LADDER, EXTENSION	1	10.00	10.00
LAWN MOWER, POWER	1	30.00	30.00
RACK	1	15.00	15.00
TABLE SAW	1	20.00	20.00
TOOLCHEST, LG.	1	70.00	70.00
P CLEANER	1	10.00	10.00
WORK BENCH	1	20.00	20.00
X TREE	1	10.00	10.00
COMMERCIAL DRIL	1	20.00	20.00
19.OFFICE	1	0.00	0.00
BOOKCASE	3	40.00	120.00
TABLE CONSOLE	1	30.00	30.00
CHAIR OFFICE	1	5.00	5.00
DESK OFFICE	1	60.00	60.00
FILE CABINET 4 DR	1	20.00	20.00
MUSIC INST.	1	5.00	5.00
WARDROBE	4	10.00	40.00
<b>TOTALS</b>		<b>CUBE FT</b>	<b>2,035.00</b>

MATERIAL DESCRIPTIONS	MAT\$	MAT QT	PACK\$	PACK QT	UNPACK\$	UNPK QT	TOTAL
FREE WARDROBE		6.00					\$0.00
MATTRESS COVERS (ONE SIZE)	\$15.00	4.00	\$5.00	4.00	\$5.00		\$80.00
TV (MD)	\$25.00	2.00	\$10.00	2.00	\$10.00		\$70.00
<b>TOTAL</b>							<b>\$150.00</b>

**ADDITIONAL NOTES**

These charges cover only the articles and services listed. Common carriers are required by law to collect transportation and other incidental charges computed on the basis of rates shown in their lawfully published tariffs, regardless of prior rate quotations on estimates made by the carrier or its agents, packing materials will be charged as used. This estimate is based solely on the list of the items that were presented to the estimator. On the day of the move, should there be additional items, a new estimate will be provided.

In order for the estimate to be accurate, you must disclose all information relevant to the move. In the event of unforeseen circumstances, including but not limited to the decision to add items or remove items on the day of the move, construction delays, closing delays caused by mechanical failure or inclement weather, additional charges may be incurred that were not incorporated within this estimate. An Addendum to this estimate will be presented at the time, if any such circumstance would arise.

Price includes the following:

- Loading; unloading; taxes; tolls; fuel; mileage
- Disassembling, reassembling
- Steps, stairs or elevators
- All items made of wood, plastic, iron, and all the upholstery

Services Rendered:

Packing Material: Any materials used by the movers will be charged accordingly. No labor costs will be applied.

**Insurance:**

If any article is lost, destroyed or damaged while in the mover's custody, the mover's liability is limited to 60 cents per pound per article, based on the actual weight of the lost, destroyed or damaged article, which is determined by the AMSA Guidelines. This is the basic liability level and is provided at no charge. It is considerably less than the average value of household goods.

**Payment:**

The minimum of fifty percent (50%) of the estimated charges must be paid upon pick-up. The remaining balance will be paid upon delivery. The following forms of payment are accepted: (1) cash, checks, cashier's check, money order, traveler's check or (2) Credit Card : we accept any form of credit card ( except American Express) at the pick up location. Arrangements to use a credit card must be made prior to the move date and the cardholder must be present for authorization.

**Delivery:**

The balance remaining on the move must be paid in full before items are loaded off the truck. At the delivery location we do not accept Credit Car and personal Checks. Credit Cards only (expet AMEX) in the state of FL. Payment can be made only in the form of cash, money order or cashiers check.

We do not guarantee any delivery dates.

**Storage:**

Storage is free for your first 30 days. Payment is due the 5th of every month. A late charge of \$15 will applied if a payment is received after the 5th. You will only be pro - rated one (1) time and that will go into affect after your 30 days. If your items remain in the storage facility for any amount of days into a month, you will be required to pay a full month of storage. NO EXCEPTIONS.

Any balance due from storage will have to be current before delivery is made.

X \_\_\_\_\_  
Customer acknowledges receipt of  
Florida Estimated Cost of Service

X \_\_\_\_\_  
The Estimator, by signature of it's representative,  
hereby accepts this order for estimate and agrees  
to perform the Services outlined herein.

