



The way to move

**STEVENS**  
worldwide van lines

US DOT NO: 72029 41-0968855  
527 MORLEY DRIVE  
SAGINAW, MI 48601  
PH: (989)755-3000 FX: (989)755-0570

**O' LAKER'S MOVING, INC.**  
9207 PALM RIVER RD SUITE 103  
TAMPA FL 33619  
(813)249-6683

**Estimate/Order for Service Tariff - SVLM1-05/15/17****Pricing Option: Guaranteed (Binding)/Price Reflects Discount**

Shipper: Milan Parikh 6010502668  
Phone: 917-297-5060  
Address: 18026 Cozumel Isle Dr  
City, St: TAMPA, FL 33647  
Service Area: 196 Tampa FL

Consignee: Milan Parikh  
Phone: 917-297-5060  
Address: 1450 Washington St  
City, St: HOBOKEN, NJ 07030  
Service Area: 544 New York NY

Book Agent 60105  
O' LAKER'S MOVING, INC.  
9207 PALM RIVER RD  
SUITE 103  
TAMPA, FL 33619  
PH: (813)249-6683 FAX:  
(813)374-6642

Orig Agt

Dest Agent

PH: FAX:

Early Pack Date: 09/07/17  
Late Pack Date: 09/08/17  
Preferred Pack Date: 09/07/17  
Date:

Early Load Date: 09/07/17  
Late Load Date: 09/08/17  
Preferred Load Date: 09/07/17

Early Delv Date: 09/14/17  
Late Delv Date: 09/16/17  
Preferred Delv Date: 09/14/17

Net Weight: 6500

Wt 0  
Additives:

Discounts: B/L 69.00

LH:

ACC:

PK/UNPK:

Crate

Storage

Description	CONTAINERS			PACKING			UNPACKING		
	Qty	Rate	Total	Qty	Rate	Total	Qty	Rate	Total
DISHPACK				5	31.65	158.25		9.33	0.00
BOOK CARTON				10	7.52	75.20		2.23	0.00
3.0 CARTON				25	11.31	282.75		3.38	0.00
4.5 CARTON				10	13.72	137.20		4.12	0.00
WARDROBE				8	16.62	132.96		4.58	0.00
CRIB MATTRESS				1	8.26	8.26	1	2.36	2.36
TWIN/LONG MATTRESS				2	13.88	27.76	2	3.92	7.84
QUEEN/KING MATTRESS				3	23.24	69.72	3	6.47	19.41
43-60 TV Ctn (not discounted)				2	105.00	210.00		41.35	0.00
TOTALS			0.00	66		1102.10			29.61

Description	Weight	Qty	Rate	Total
Transportation Charge	6500			3,363.14
Fuel Surcharge			5%	168.16
Orig Item 135 Factor	6500		2.18	141.45
Dest Item 135 Factor	6500		3.99	259.33
Packing/UnPacking				1,131.71
<b>SUB TOTAL</b>				<b>5,063.79</b>
<b>GRAND TOTAL</b>				<b>\$5,063.79</b>

Shipment qualifies for a 2 day load and requires 4-12 days for transit and delivery spread. Customer may choose any 5 day(s) within the spread....EXCEPT DURING PRIME PRICING PERIODS.

Binding estimate valid only for 30 days from date of shipper's signature.

The above price applies only to shipments moving under a 'Guaranteed Price' basis when requested by shipper. All other shipments will be billed according to scale weight and in accordance with prevailing rates contained in carrier's published tariffs.

X \_\_\_\_\_  
Shipper Date

*Richard Y* 8-16-17  
Agent Date

**WARNING:** If a moving company loses or damages your goods, there are 2 different standards for the company's liability based on the types of rates you pay. **BY FEDERAL LAW, THIS FORM MUST CONTAIN A FILLED-IN ESTIMATE OF THE COST OF A MOVE FOR WHICH THE MOVING COMPANY IS LIABLE FOR THE FULL (REPLACEMENT) VALUE OF YOUR GOODS** in the event of loss of, or damage to, the goods. This form may also contain an estimate of the cost of a move in which the moving company is liable for FAR LESS than the replacement value of your goods, typically at a lower cost to you. You will select the liability level later, on the bill of lading (contract) for your move. Before selecting liability level, please read "Your Rights and Responsibilities When You Move", provided by the moving company, and seek further information at the government website [www.protectyourmove.gov](http://www.protectyourmove.gov).

Protection Options	Maximum Level of Protection	Total Move Price
\$0 Deductible @ \$314.00	\$40,000	\$5,377.79
\$250 Deductible @ \$255.00	\$40,000	\$5,318.79
\$500 Deductible @ \$205.00	\$40,000	\$5,268.79
\$750 Deductible @ \$155.00	\$40,000	\$5,218.79
\$1000 Deductible @ \$130.00	\$40,000	\$5,193.79
Basic Coverage (60 cents per pound per article) @ \$0.00	\$3,900	\$5,063.79

**NOTE TO SHIPPER:** Packing containers and materials are your property. The unpacking service includes removal of these items unless you direct otherwise. An additional charge will be assessed for the disposal of packing materials from items unpacked by shipper or carrier on a date other than at delivery time. This shipment is subject to minimum weight of 6000.

**METHOD OF PAYMENT:** COD: \_\_\_\_\_ PPD: \_\_\_\_\_ NAT'L ACCT: \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

All COD charges are to be paid in cash, certified check, traveler's check or bank check (per tariff).

\*\*\*\*\*NO PERSONAL CHECKS\*\*\*\*\*

Agreed Pick-up date or period of time Sept 7-8 Agreed Delivery date or period of time Sept 14-16<sup>th</sup>  
 This shipment does ☒ does not ☐ qualify for Guaranteed Pickup and Delivery per Stevens Commercial Tariff.  
 Guaranteed per diem is up to \$125.00 a day or 100% actual lodging plus 50% food expenses supported by receipts whichever is less. This guarantee only applies to shipments of 5000 pounds or more.

I have been advised of my right to observe the weighing of my shipment and informed of the scale to be used.

I do ☒ do not ☐ desire to observe the weighing.

I do ☒ do not ☐ request notification of actual weight and charges.

I have received a copy of Publication OCP-100 "Your Rights and Responsibilities When You Move", Household Goods Dispute Settlement Program and Customer Complaint and Inquiry Handling Procedure.

Shipper X

Date X

I acknowledge receipt of a copy of this Estimate/Order for Service. I request the above named carrier to furnish the services described in this order, subject to the terms and conditions of carriers household goods bill of lading issued at the time carrier takes possession of this shipment.

TC in-house survey performed

\_\_\_\_\_ in-house survey waived

Milind Shah 8-16-17  
 Agent Date

X  
 Shipper

X  
 Date

**Shipper:** Milan Parikh



**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 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 articles 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: \_\_\_\_\_ (to be provided by the customer).

Dollar Estimate of the cost of your move at Full (Replacement) Value Protection: \_\_\_\_\_ (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 (\_\_\_\_\_) Initials OR \$500 Deductible (\_\_\_\_\_) Initials  
\$750 Deductible (\_\_\_\_\_) Initials OR \$1000 Deductible (\_\_\_\_\_) Initials

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- OR -----

Option 2:

**WAIVER of Full (Replacement) Value Protection. This lower level of protection is provided at no 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: \$ 5,063.79. (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 Pounds 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: X (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.

Customer Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_

**Shipper:** Milan Parikh

## Additional Services Price List

(Potential Additional Charges, If Needed Or Requested By Customer)

**IMPORTANT NOTICE TO SHIPPER:** Below is a list of en route and/or destination services and corresponding rates/charges, which you or your designated representative may request or that may be necessary to deliver your household goods shipment. We have reviewed these services with you and to the best of your knowledge no such services are required at this time. These potential services and their cost are based upon the tariff issued in accordance with the regulations of the Surface Transportation Board of the Department of Transportation.

The rates/charges for these en route and/or destination services (should you request them or if they are necessary to deliver your shipment) will be based on actual weight and/or per occurrence and are in addition to all other charges on the estimate you received at origin.

Description	Weight	Rate	Total
Extra Stop @ Destination		47.00	47.00
Extra Labor @ Destination (Per Hour * Per Man) - Regular		28.91	28.91
P/D Self/Mini Storage	6500		126.48
Bulky Charge		70.50	70.50
1st Day/Whse Hnding	6500	19.10	1241.50
Additional Days	6500	0.68	Depends on number of days.
Storage Del Base Chrg (may change if zip code and/or mileage changes)	6500		3089.00

### Additional Information

#### ITEMS NOT MOVING:

#### CLIENT EXPECTATIONS:

move Directly from A to B. No Bulky items, no storage needed,  
no extra stops requested.

#### SERVICE REQUIREMENTS:

Excellent  
Service!!



# Article List Volume By Cu. Ft. 46 Items, 125 Pieces

Qty	Items	CuFt	**	Qty	Items	CuFt	**	Qty	Items	CuFt	**
1	BED HEADBD. LARGE	25		1	CARPET, AREA SMALL	3		1	SIDE TABLE	5	
1	BED KING	70		6	CHAIR HIGH BACK	60		2	SINGLE MATTRESS CARTON	2	
1	BED QUEEN	65		3	CHAIR, CHILDS	9		1	SOFA-SEC 4 PIECE	150	
1	BOOK SHELF SMALL	5		1	CHANGING TABLE	20		1	STEP LADDER	3	
1	BOOKCASE 6X3	20		1	COOLER SMALL	2		4	STOOL BAR	20	
10	BOX (1.5 CU. FT.)CP	20		1	CRIB	15		1	STOOL SMALL	5	
1	BOX (1.5 CU. FT.)PBO	2		1	DRESSER TRIPLE	50		3	SUITCASE LARGE	30	
25	BOX (3.0 CU. FT.)CP	75		1	ENTERTAIN. SMALL	20		2	SUITCASE SMALL	10	
1	BOX (3.0 CU. FT.)PBO	3		3	KING/QUEEN MATTRESS CARTON	3		1	TABLE DINING	30	
10	BOX (4.5 CU. FT.)CP	50		2	LATERAL FILE CABINET	80		1	TABLE, CHILDS	5	
2	BOX (4.5 CU. FT.)PBO	10		2	MIRROR BOX CP	14		1	TOOL BOX SMALL	5	
5	BOX CHINA (6.0 CU. FT.)CP	30		2	NIGHT STAND	10		2	TV BOX CP	100	
8	BOX WARDROBE- 15 CF CP	120		1	POWER TOOLS, SMALL	2		1	TV OVER 21 TO 41	15	
1	CABINET MEDIUM	10		1	REFRIGERATOR DORMITY	10		1	TV OVER 42 TO 70	20	
1	CABINET SMALL	5		2	RUG, SMALL OR PAD	6		2	VACUUM CLEANER	10	
4	CARPET 8X10	40									

X \_\_\_\_\_ *custome*  
X *Reh* \_\_\_\_\_ *Agent*