

ADDENDUM TO UNIFORM HOUSEHOLD GOODS BILL OF LADING

SHIPPER DECLARATION OF VALUE

IMPORTANT: There are two (2) options available to cover loss and/or damages:

OPTION 1: Released Value Protection. This option provides for reimbursement for loss or damage at a rate of \$0.60 per pound per article. This option is included in the Transportation and there is no additional CHARGE. Carrier shall have the option of repairing and/or restoration to the original condition.

OPTION 2: Full Value Protection. This option provides coverage based on current replacement value at the time of loss or damage, up to the dollar amount of valuation declared by you (**See Note**). The cost is based on the actual value of the goods, and the Deductible, if any, declared by you. Carrier shall have the option of repairing and or restoration to the original condition.

****DECLARATION****

Prior to the move the shipper must select one of the options listed below. If shipper refuses to select one of these options, the carrier will not be required to perform the move.

Shipper hereby releases the entire shipment to a value not exceeding:

SIGNATURE OF SHIPPER & DATE Option 1 - (RELEASED VALUE) - \$0.60 per pound per article
(based solely upon the weight of the lost or damaged articles(s))
at no additional charge.

SIGNATURE OF SHIPPER & DATE Option 2 (a) - (REPLACEMENT VALUE) - (See Note)
\$ _____ with no deductible at a charge _____ per
thousand (\$1,000) of declared value. This would result in an
additional charge of \$_____.

SIGNATURE OF SHIPPER & DATE Option 2 (b) - (REPLACEMENT VALUE) - (See Note)
\$ _____ with a \$300.00 deductible at a charge
_____ per thousand (\$1,000) of declared value. This would
result in an additional charge of \$_____.

NOTE: Must be an amount equal to or exceeding \$5,000 per room excluding halls, attics, garage, closets, baths. A self storage unit of 10' x 10' will constitute a room.

This document shall be completed and signed PRIOR TO MOVE and made a permanent part of the Bill of Lading.

If carrier fails to require shipper to choose one of the above Liability Options, the shipper will be considered to have chosen 2 (a) (Replacement Value, no deductible) at no charge to the shipper.

BILL OF LADING/ORDER NO: _____ DATE: _____

NAME OF SHIPPER _____

() HOURLY RATED MOVE () WEIGHT & DISTANCE MOVE

CARRIER REPRESENTATIVE: _____
(SIGNATURE)