

BINDING ESTIMATE OF COST

Name of shipper _____ DATE _____
 Address of shipper _____ Phone No. _____
 Shipment moving from _____ to _____ Zip code _____
 Shipper's destination contact _____ Phone No. _____

Packing Date Requested	Loading Date Requested	Delivery Date or period of time requested	Daily Allowance
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This cost estimate includes Full Value Protection based on a valuation amount equal to \$6.00 multiplied by the weight (in pounds) of your shipment, subject to a minimum valuation amount of \$6000. **If you wish to declare a higher value for your shipment than the minimum amounts, that amount must be shown here:**

The Value of my Shipment is \$ _____ and the cost of Full (Replacement) Value Protection based on the value I have declared will be included in my total charges.

If you wish to waive Full Value Protection and choose a lower level of protection, the estimated cost of your move will be less. This is the estimated cost of your move WITHOUT Full Value Protection: \$ _____

SERVICES (AS APPLICABLE)	CHARGES
Transportation FROM _____ TO _____	
Origin/Destination Fee	
Fuel Surcharge	
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	
TOTAL COST	

FULL AND CUSTOM CONTAINER SERVICE (AS APPLICABLE)				
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				
OTHER				
TOTAL CONTAINERS & PACKING		\$	TOTAL UNPACKING \$	

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 a 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."

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.

NOTE TO CUSTOMER: Packing containers and materials are your property. The unpacking service includes removal of these items unless you direct otherwise. An additional charge may be assessed for disposal of packing materials from items unpacked by shipper or carrier on a date other than at delivery time.

Remarks: _____

FOR BINDING ESTIMATES: This binding estimate represents the charges for only those services listed hereon. Charges for any additional services will be added to the binding estimate price. You may be billed for these additional charges 30 days after delivery. The total amount to be paid at delivery is \$ _____. Payment to be made C.O.D. in cash, certified check or money order.

(SIGNATURE OF SHIPPER OR HIS REPRESENTATIVE) DATE

(SIGNATURE & TITLE OF ESTIMATOR)