



BILL OF LADING - CUSTOMER'S DECLARATION OF VALUE

REGISTRATION NUMBER

**THE CONSUMER MUST SELECT ONE OF THESE OPTIONS FOR THE CARRIER'S LIABILITY FOR LOSS OR DAMAGE TO YOUR HOUSEHOLD GOODS
THIS IS A TARIFF LEVEL OF CARRIER LIABILITY - IT IS NOT INSURANCE**

Option 1 - Standard Full Value Protection*

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: \$ _____ (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 (_____) (Customer Initials) OR \$500 Deductible (_____) (Customer Initials)

Dollar Estimate of the cost of your move with \$ _____ Deductible: \$ _____ (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: _____ **Date:** _____

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.

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 \$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: \$ _____ (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 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's Signature: _____ **Date:** _____



*Referred to by Allied Van Lines as "Extra Care Protection Plan".