NOTE All claims must be filed and submitted within 30 days of your unload date.**

VALUATION

THE CONSUMER MUST SELECT ONE OF THESE OPTIONS
FOR THE CARRIERS 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 is 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 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 $7.00 multiplied by the weight (in pounds) of the shipment, subject to a minimum valuation for the shipment of 10,000. Under this option the cost of your move will be composed of a base rate plus an added cost reflection 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 DECIDE TO GO WITH THIS OPTION PLEASE CHECK THE BOX OF WHICH DEDUCTIBLE YOU WANT

☐ **I CHOOSE FULL VALUE PROTECTION WITH A $250 DEDUCTIBLE**

SIGNATURE: _____ **DATE:** _____

Print Name: _____

---- OR ----

Minimal Value Protection

Option 2 – **WAIVER of Full (Replacement) Value Protection. This lower level of protection is provided at no additional cost beyond the case 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 10 cents. For example, the settlement for an audio component valued at $1000 that weighs 10 pounds would be $1.00 (10 pounds' times 10 cents).

Dollar Estimate of the COST of your move under the 10-Cents option: $_____ (to be provided by Carrier)
COMPLETE THIS PART ONLY If you wish to WAIVE the Full Level of Protection included in the higher cost estimate provided (above) for your shipment and instead select the LOWER Released Value of 10 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 10 Cents per pound per article (check box)
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.

☐ **I CHOOSE TO WAIVE THE ADDITIONAL VALUATION COVERAGE AND ELECT MINIMAL COVERAGE**

SIGNATURE: _____ **DATE:** _____

Print Name: _____