

HOUSEHOLD GOODS NON-BINDING ESTIMATE OF COST OF SERVICES

Name of shipper _____ Phone No. _____ Date: _____
 Address of shipper _____ Zip Code _____
 Moving from: City/State/Zip _____
 Moving to: City/State/Zip _____
 Shipper's destination contact person: _____ Telephone Number : _____

IMPORTANT NOTICE: A non-binding estimate covers only the articles and services listed. It is not a warranty or representation that the actual charges will not exceed the amount of the estimate. If you request additional services to complete the move or add articles to the inventory attached to this estimate, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate.

If the total tariff charges for the listed articles and services exceed this estimate by more than ten percent, then, upon your request, the carrier must relinquish possession of your shipment upon payment of a maximum amount of 110% of the amount of the estimate (and any supplemental estimates). You are obligated to pay the balance of the total charges within 30 days.

Household goods carriers are required by law to collect transportation and other incidental charges computed on the basis of rates shown in their lawfully published tariffs, except as provided below:

(1) A household goods carrier may not charge more than twenty-five percent more than its written non-binding estimate for time charges for a local hourly rated move nor can the household goods carrier charge more than fifteen percent more than the written non-binding estimate for accessorial and other services not related to time, unless the household goods carrier prepares and the shipper signs a supplemental estimate.

(2) A household goods carrier may not charge more than fifteen percent above your written non-binding estimate for a long-distance-rated move, unless the household goods carrier prepares and you sign a supplemental estimate.

ESTIMATED COST OF SERVICE

HOURLY-RATED SHIPMENTS (35 miles and under)

Carrier employees, _____ hours @ \$ _____ per hour \$ _____
 Carrier vans, _____ hours @ \$ _____ per hour \$ _____

MILEAGE-RATED SHIPMENTS (over 35 miles)

Miles _____ pounds @ _____ per pound \$ _____

OVERTIME: _____ # personnel, _____ # hours @ _____ per hour \$ _____

BRIDGE OR FERRY TOLLS (ESTIMATED) \$ _____

VALUATION CHARGES (Choose one):

60¢ per pound per article \$ no charge
 Depreciated value protection \$ _____ per \$100 declared value \$ _____
 Replacement cost, with deductible \$ _____ per \$100 declared value \$ _____
 Replacement cost, with no deductible \$ _____ per \$100 declared value \$ _____

STORAGE

_____ pounds @ \$ _____ per 100 pounds, for each 30 days or fraction \$ _____
 Warehouse handling _____ pounds @ \$ _____ per 100 pounds \$ _____

OTHER SERVICES

Stops in transit (to partially load, partially unload, or both) \$ _____
 Servicing of appliances \$ _____
 Hoisting, lowering, etc. \$ _____
 Piano/organ carry \$ _____
 Bulky articles \$ _____
 Stairs/elevators \$ _____
 Long carry \$ _____
 Other \$ _____
 Other \$ _____

PACKING, UNPACKING AND CONTAINERS

	Quantity	Charge Per Unit	Total
Dish packs or barrels			\$
Cartons over 1-1/2 cu ft			\$
Cartons over 3 cu ft			\$
Cartons over 4-1/2 cu ft			\$
Cartons over 6 cu ft			\$
Wardrobes			\$
Mattress ctn single			\$
Mattress ctn double			\$
Mattress ctn queen			\$
Mattress ctn king			\$
Mattress ctn crib			\$
King Box Spring Carton			\$
Glass Packs			\$
Crate, size			\$
Crate, size			\$
Other:			\$
Other:			\$
Estimated Total Cost			\$

Estimated Charges

Packing Date Requested

Loading Date Requested

Delivery Date or
Period of Time Requested

SUMMARY OF CHARGES

Moving.....\$ _____

Storage..... \$ _____

Packing/
Unpacking... \$ _____

Other..... \$ _____

Estimated
Total Cost... \$ _____

REMARKS:

Estimator's Signature:

Estimator's Title:

Shipper's Signature:

Date Signed:

