

# ESTIMATED COSTS FOR SERVICES

 Binding Estimate

 Non-Binding Estimate

|                |                     |                      |
|----------------|---------------------|----------------------|
| Origin:        |                     |                      |
| Customer       |                     |                      |
| Address        |                     |                      |
| City/State/Zip |                     |                      |
| Contact #      |                     |                      |
| Packing Date   | Agreed Pick-up Date | Agreed Delivery Date |

|  |
|--|
| Destination:   |
| Contact Person (if different)  |
| Address of Intermediate Stops  |
| Contact #  |
| <b>PAYMENT</b> The customer and carrier agree that payment, at time of delivery, will be made by customer. List payment types: |

**IMPORTANT NOTICE:** A nonbinding estimate covers only the articles listed. If it is not binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A household goods carrier may not charge more than twenty-five percent above its written non-binding estimate unless the household goods carrier prepares and you sign a supplemental estimate.

The carrier gave me a copy of the brochure "Consumer Guide Moving in Washington State."

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SIGNATURE OF CUSTOMER

**LOSS AND DAMAGE PROTECTION (Valuation):** The customer must select and initial only one option.

**Basic value protection** I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

**Replacement Cost Coverage with deductible** which includes a \$300 deductible paid by me. This option will cost \$\_\_\_\_\_. The value I declare must be at least \$5.00 times the net weight of the shipment.

**Replacement Cost Coverage with no deductible** at a cost of \$\_\_\_\_\_. The value I declare must be at least \$5.00 times the net weight of the shipment.

I declare a total lump sum value for this shipment at \$\_\_\_\_\_.

**Estimate:**

\_\_\_\_\_ This shipment is moving under a binding estimate. This means the shipment is moving under a guaranteed price. The carrier will not charge more than the estimated charges without preparing a supplemental estimate.

\_\_\_\_\_ This shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on this estimate, the carrier must release the shipment upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days at which time the remainder is due. In no case will I be required to pay more than 125% of the estimate, plus any supplemental. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

| DESCRIPTION                   | CONTAINERS |      |        | PACKING |      |        |
|-------------------------------|------------|------|--------|---------|------|--------|
|                               | QUAN       | RATE | AMOUNT | QUAN    | RATE | AMOUNT |
| Dish packs                    |            |      |        |         |      |        |
| Boxes                         |            |      |        |         |      |        |
| Cartons less than 3 cu. ft.   |            |      |        |         |      |        |
| 3 cu. ft.                     |            |      |        |         |      |        |
| 4 1/2 cu. ft.                 |            |      |        |         |      |        |
| 6 cu. ft.                     |            |      |        |         |      |        |
| Wardrobe cartons              |            |      |        |         |      |        |
| Mattress cartons/cover crib   |            |      |        |         |      |        |
| Mattress cartons/cover twin   |            |      |        |         |      |        |
| Mattress cartons/cover double |            |      |        |         |      |        |
| Mattress cartons/cover queen  |            |      |        |         |      |        |
| Mattress cartons/cover king   |            |      |        |         |      |        |
| Mirror cartons                |            |      |        |         |      |        |
| Lamp cartons                  |            |      |        |         |      |        |
| Plasma TV carton              |            |      |        |         |      |        |
| Crates and containers         |            |      |        |         |      |        |
| <b>Total</b>                  |            |      |        |         |      |        |

| Estimated Costs of Services  | Estimated Charges   |
|--|---------------------|
| <b>HOURLY RATED SHIPMENTS (55 miles or less)</b>   |                     |
| ____ Hours for ____ van(s) and ____ men @ ____ per hour  | \$ _____            |
| OVERTIME ____ personnel ____ hours @ \$ ____ per hour  | \$ _____            |
| <b>MILEAGE RATED SHIPMENTS (56 miles or more)</b>  |                     |
| ____ Miles ____ pounds @ ____ per pound  | \$ _____            |
| Mileage calculation software _____   |                     |
| <b>VALUATION CHARGES (choose one)</b>  |                     |
| 60 cents per pound per article _____   | <b>\$ No Charge</b> |
| Replacement cost, with \$300 deductible \$ _____ at ____ per \$100 declared value  | \$ _____            |
| Replacement cost, with no deductible \$ _____ at ____ per \$100 declared value   | \$ _____            |
| <b>STORAGE</b> _____ pounds @ \$ _____ per 100 pounds, for each 30 days or fraction  | \$ _____            |
| Warehouse handling _____ pounds @ \$ _____ per 100 pounds  | \$ _____            |
| Valuations \$ _____ @ ____ per \$100 declared value  |                     |
| <b>OTHER SERVICES &amp; CHARGES</b>  |                     |
| _____  | \$ _____            |
| _____  | \$ _____            |
| _____  | \$ _____            |
| <b>Subtotal</b>  | \$ _____            |
| <b>PER-DIEM</b> For shipments moving 56 miles or more that require workers to stay overnight, the carrier may charge per-diem. Number of workers needing overnight stay _____ Number of overnight stays _____ rate per worker _____. | \$ _____            |
| <b>TOTAL CHARGES</b>   | \$ _____            |

REMARKS

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Signature of Carrier Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of Customer \_\_\_\_\_ Date \_\_\_\_\_