

ESTIMATED COST OF SERVICES

☐ Proposed charges set forth below are **BINDING AND GUARANTEED** for the items listed for _____ days from date hereof. SEE IMPORTANT NOTICE BELOW.

☐ Proposed charges set forth herein are **NOT TO EXCEED**. Actual charges shall be determined after all services have been completed but shall not exceed the amount set forth below under "Maximum Charges Not to Exceed". SEE IMPORTANT NOTICE BELOW.

IMPORTANT NOTICES

- A. This proposal is for listed items and services only. Additional items and services may result in additional costs.
- B. Shipper shall be required to pay for all charges prior to unloading in cash or by certified check or money order, except as otherwise agreed in writing between carrier and shipper.
- C. Carrier's Liability for loss or damage shall be based upon the written declaration of the shipper of either Released Value Protection or Full Value Protection.
- D. Carrier and Shipper agree that any additional items or services not included in this proposal and the maximum charges therefor may be set forth in an addendum hereto or a substitute proposal executed by carrier and shipper.

ORIGIN	DESTINATION
Shipper _____	Consignee _____
Loading Address _____	Delivery Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
County _____ Phone _____	County _____ Phone _____

PROPOSED COST OF SERVICES	Transportation Cost	PROPOSED CHARGES
1. Weight and distance: Tariff _____ No. of Miles _____ Est. Weight _____ lb. Moving at _____ per lb. Trans Charge _____		
2. Hourly Rated: Vans _____ Men _____ Estimated Hours _____ Rate per Hour _____		

PROPOSED COST OF SERVICES	Storage in Transit	PROPOSED CHARGES
3. A) Storage: Weight _____ lb. First Day @ _____ per 100 lb. + Add'l Day(s) @ _____ per 100 lb.		
B) Extended Valuation: _____		

PROPOSED COST OF SERVICES	Other Charges	PROPOSED CHARGES
4. Bulky Item(s): (1) _____ \$ _____ (2) _____ \$ _____ (3) _____ \$ _____ (Auto Make _____ Model _____ Yr. _____ WT _____)		
5 Containers, Packing, unpacking _____		
6. Labor _____ Man/Men for _____ Hours @ _____ per man/hour		
7. Extra Stop(s) _____		
8. Third Party Charges: _____		
9. Other Charges/Other Local Charges _____		

Shippers Billing Address	Packing Date(s)	Delivery Period	TOTAL PROPOSED CHARGES
	Pick-up Period		
	Earliest _____	Earliest _____	MAXIMUM BINDING CHARGES
	Latest _____	Latest _____	MAXIMUM CHARGES NOT TO EXCEED

PROPOSED COST OF SERVICES	Valuation	PROPOSED CHARGES
10. ☐ Released Value ☐ Replacement Value		
Requested Amt. \$ _____ @ _____		
	per \$1000.00 or fraction thereof	

Estimator _____	Date _____	Issuing Agent _____	MCA No. _____
Shipper _____	Date _____	City/State/Zip _____	Phone _____

ISSUED: _____

EFFECTIVE: _____