

# ADDENDUM TO UNIFORM HOUSEHOLD GOODS BILL OF LADING

## SHIPPER DECLARATION OF VALUE

**IMPORTANT:** There are two (2) options available to cover loss and/or damages:

**OPTION 1:** Actual cash value. This option provides for reimbursement for loss or damage **NOT EXCEEDING** Three hundred (\$300.00) dollars **PER MOVE**, based on the depreciated value at the time of the loss or damage. This option is included in the Transportation and there is no additional CHARGE. Should your goods be involved in a catastrophe such as a fire, accident or of any other nature, the Carrier will assume liability not to exceed Twenty five hundred (\$2500.00) dollars. Carrier shall have option of repairing and/or restoration to the original condition.

**OPTION 2:** Full Value Protection. This option provides coverage based on current replacement value at the time of loss or damage, up to the dollar amount of valuation declared by you (**See Note**). The cost is based on the actual value of the goods, and the Deductible, if any, declared by you. Carrier shall have option of repairing and/or restoration to the original condition.

### \*\* DECLARATION \*\*

Prior to the move the shipper must select one of the options listed below. If shipper refuses to select one of these options, the carrier will not be required to perform the move.

Shipper hereby releases the entire shipment to a value not exceeding:

\_\_\_\_\_ Option 1 - (DEPRECIATED VALUE) - \$300.00 per move  
SIGNATURE OF SHIPPER & DATE based on depreciated value at no additional charge.

\_\_\_\_\_ Option 2 (a) - (REPLACEMENT VALUE) - (See Note)  
SIGNATURE OF SHIPPER & DATE \$ \_\_\_\_\_ with no deductible at a charge \$11.30 per  
thousand (\$1,000) of declared value. This would result in an  
additional charge of \$ \_\_\_\_\_.

\_\_\_\_\_ Option 2 (b) - (REPLACEMENT VALUE) - (See Note)  
SIGNATURE OF SHIPPER & DATE \$ \_\_\_\_\_ with a \$300.00 deductible at a charge of  
\$3.75 per thousand (\$1,000) of declared value. This would  
result in an additional charge of \$ \_\_\_\_\_.

**NOTE: Must be an amount equal to or exceeding \$5,000 per room excluding halls, attics, garage, closets, and baths. A self storage unit of 10 x 10 will constitute a room.**

This document shall be completed and signed **PRIOR TO MOVE** and made a permanent part of the Bill of Lading.

If Carrier fails to require shipper to choose one of the above Liability Options, the shipper will be considered to have chosen 2(a) (Replacement Value, no deductible) at no charge to the shipper.

BILL OF LADING/ORDER NO: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF SHIPPER \_\_\_\_\_

( ) HOURLY RATED MOVE ( ) WEIGHT & DISTANCE MOVE

CARRIER REPRESENTATIVE: \_\_\_\_\_  
Signature



(This Form Prescribed by THE GEORGIA PUBLIC SERVICE COMMISSION)