

Appendix B

UNIFORM HOUSEHOLD GOODS BILL OF LADING, FREIGHT BILL AND CONTRACT

Bill of Lading # _____

Carrier: _____ Truck#: _____ RIPUC#: _____ Phone#: _____

ORIGIN:	DESTINATION:
Shipper: _____ Tele#: _____	Consignee: _____
Address: _____	Address: _____
_____ Floor _____	_____ Floor _____
City/State/Zip: _____	City/State/Zip: _____

Pack Date(s) _____	Type of Shipment: COD ____ or Bill ____
Load Date(s) _____	Bill to: _____
Delivery Date(s) _____	_____

<p>SECTION 1: Coverage:</p> <p>I have read the attached "TRUTH IN COVERAGE" statement and have chosen the following coverage for this move:</p> <p><input type="checkbox"/> DEPRECIATED (ACTUAL) VALUE</p> <p>Declared Value _____</p> <p><input type="checkbox"/> RELEASED (\$0.60 per pound per article) VALUE</p> <p>Signature of Shipper _____ Date _____ (or Representative of Shipper)</p> <p>Signature of Carrier _____ Date _____ (or Representative of Carrier)</p> <p>TOTAL CHARGES FOR SECTION 1: \$ _____</p>	<p>I</p>	<p>Declaration of items with a value over \$2000.00:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Item:</th> <th style="width: 20%;">Value:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <p>SPECIAL INSTRUCTIONS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	Item:	Value:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Item:	Value:															
_____	_____															
_____	_____															
_____	_____															
_____	_____															
_____	_____															
_____	_____															

SECTION 2: Number of packages and description of packages being transported: [Attach additional page(s) if needed] _____

SECTION 3: Hourly transportation charges accrue from time truck leaves warehouse until time truck returns to warehouse.

WORKERS ON THIS MOVE: 1 Driver; _____ Laborers	START: _____ END: _____
Regular Time (Rate A): _____ x _____ hours	Overtime (Rate B): _____ x _____
hours Less Meal AND Break times - Start: _____ End: _____	Less Meal AND Break times - Start: _____
End: _____ Weekend Time (Rate C): _____ x _____ hours	
Less Meal AND Break times - Start: _____ End: _____	TOTAL CHARGES FOR SECTION 3: _____

SECTION 4: Packing related charges

Explanation: _____

TOTAL CHARGES FOR SECTION 4: _____

SECTION 5: Advanced charges

Explanation: _____

TOTAL CHARGES FOR SECTION 5: _____

I HEREBY ACKNOWLEDGE RECEIPT OF MY BELONGINGS	I.	Subtotal Section 1: _____
IN GOOD CONDITION, WITH EXCEPTIONS LISTED BELOW:	I	Subtotal Section 2: _____
_____	I	Subtotal Section 3: _____
_____	I	Subtotal Section 4: _____
_____	I	Subtotal Section 5: _____
_____	I	TOTAL CHARGES: _____

FULL PAYMENT DUE UPON DELIVERY IN CASH, MONEY ORDER, CERTIFIED CHECK, CREDIT/DEBIT CARD.
**THE MOTOR CARRIER'S SECTION OF THE R.I. DIVISION OF PUBLIC UTILITIES AND CARRIES REGULATES
 INTRASTATE MOVES OF HOUSEHOLD GOODS. CALL 941-4500 FOR MORE INFORMATION.**