

# UNIFORM HOUSEHOLD GOODS BILL OF LADING - 35 MILES OR LESS

CARRIER REFERENCE NO.

NCUC C 2921



**MOVERS NEAR ME, LLC**  
 54 MORGAN BRANCH EST. CANDLER, NC 28715  
 828-365-8056

(QUESTIONS ABOUT THIS FORM OR YOUR MOVE? Call the NCUC-Public Staff's Transportation Division at 919-733-7766)

**FROM TO**

SHIPPER:  
 COMPANY:  
 STREET ADDRESS:  
 CITY & STATE:  
 TELEPHONE:  
 CONSIGNEE:  
 STREET ADDRESS:  
 CITY & STATE:

AGREED LOAD DATE:  
 PREFERRED DELIVERY DATE:  
 NOTES:

**BINDING PRICE (GUARANTEED OR NOT-TO-EXCEED) \$**

DATE	TIME LEFT WAREHOUSE
VAN #	TIME ARRIVED JOB
DRIVER	TIME DEPART JOB
HELPER	TIME RETURNED WAREHOUSE
HELPER	TOTAL HOURS
HELPER	OTHER

## REQUIRED SIGNATURES

I HAVE RECEIVED THE NCUC BROCHURE EXPLAINING MY RIGHTS.  
 SHIPPER'S SIGNATURE: \_\_\_\_\_

**NOTE: SHIPPER MUST INDICATE CHOICES MADE ON BOTH ITEMS LISTED BELOW BY INITIALING ON THE APPROPRIATE LINE (Estimates & Valuation)**

- ESTIMATES: Shipper must initial the one option selected.
- \_\_\_\_\_ I did not request a written estimate on this shipment and understand that I will be required to pay charges shown on this contract.
  - \_\_\_\_\_ I understand this shipment is moving under a binding estimate (guaranteed or not-to-exceed) and that I will be required to pay in accordance with that estimate.
  - \_\_\_\_\_ I understand this shipment is moving under a nonbinding estimate and I will be required to pay charges shown on this contract.

See attached "Estimated Cost of Services."  
**VALUATION:** Shipper must initial the option selected.

- \_\_\_\_\_ **Basic Value Protection.** I release this shipment to a value of 60 cents per pound per article. **This lower level of protection is provided at no additional cost beyond the base rate. However, it provides only minimal protection that is considerably less than the average value of household goods.**
- \_\_\_\_\_ **Full Value Protection.** I release this shipment to a value of 4.00 times actual weight in pounds of shipment or declared lump sum value of \$ \_\_\_\_\_ (Declared value must be at least \$4.00 per pound times weight of shipment.)

See attached "Addendum to Uniform Household Goods Bill of Lading."

### EXTRAORDINARY VALUE ARTICLE DECLARATION

I acknowledge that I have prepared and retained a copy of "Inventory of Items Valued in Excess of \$100 Per Pound Per Article" and that I have given a copy of this inventory to the carrier's representative. I also acknowledge that the carrier's liability for loss of or damage to any article valued in excess of \$100 per pound per article will be limited to \$100 per pound for each pound of the damaged article (based on actual article weight) not to exceed the declared value of the entire shipment, unless I have specifically identified such articles on the inventory and for which a claim for loss or damage is made.

SIGNED: \_\_\_\_\_

**To be signed when shipment is received by carrier**  
 All property was received in good condition, except as noted on inventory form.

Driver's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I have read this contract and its attachments thoroughly and release my property to the carrier subject to the terms and conditions thereof.

Shipper's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be signed at time of delivery**  
 All property was received in good condition, except as noted on the inventory form.

Shipper's signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOURS	RATE
TRAVEL TIME <small>1 HR PER 50 MILES or FRACTION THEREOF</small>	RATE

Total Hourly Charges			
Description	Qty	Rate	Charges
Dishpack or Barrel			
1.5 cu. ft. (Small) Cartons			
3.0 cu. ft. (Medium) Cartons			
4.5 cu. ft. (Large) Cartons			
6.0 cu. ft. (Ex-Large) Cartons			

Wardrobes

Crib:	Twin:	Dbt:	King/Qn:	King Sgt:
\$				
Mirror/Picture Pack				
Crates, minimum				
Crates _____ cu ft				
Grandfather Clock Carton				

Total Packing Charges			
Description	Rate	Charges	
Appliance Service			
Appliance Unservice			
Piano Handling			
Packing Material Purchased			

Bulky Articles			
CC/Debit Card Processing Fee			
Third Party Charges:			
Advance Charges:			
Full Value Protection:			

Storage-In-Transit		Rate	Charges
Transportation To/From Whse:	lbs.		
Warehouse Handling			
Storage From: _____ To: _____	No. Mos.		
Extended Valuation (15% of FVP Charge per mo.)			
Payment Acknowledgment			Total Charges
On nonbinding estimates, 110% rule applies.			
See "Estimated Cost of Services"			Total
Prepayment Received			
By _____		Prepayment	
Payment Rec'd at Destination			
By _____		Balance Due	