



All American Van Lines, Inc.

• RESIDENTIAL • COMMERCIAL • STORAGE • INTERNATIONAL

NEW YORK BRANCH: 303 Smith Street . Farmingdale . NY 11735 (888) 777- MOVE Fax: (631) 759-2944

FLORIDA BRANCH: 5411 NW 3rd Avenue. Miami FL 33127 (888) 666-MOVE Fax: (786) 515-9345



Licensed and Insured
NYS DOT#: 12304
DOT#: 663388

All American Van Lines Full Replacement Cost Coverage

Thank you for choosing All American Van Lines for your move. We thank you for trusting us with your possessions and will do everything in our power to ensure that everything arrives in the condition it left.

Please see below the terms and condition of our coverage. This is Full Value Protection Coverage. The coverage is for loss or damage to items being moved by All American Van Lines, Inc.

1. In order for coverage to be in place, prior to your move you will be required to complete a form listing every item insured. In the case of a packed box, it should state (box # x, contents and value). Items not listed will not be covered.
2. Coverage for boxes packed by owner (Shipper) are limited to a maximum of \$250 coverage per box contents for loss or damage.
3. In the event of a claim, All American Van Lines reserves the right to inspect and verify the claimed damages on any item. This includes but is not limited to an in-home visit by an All American Van Lines Representative, claims adjuster, or qualified Repair Person, or review of photographs or other visual evidence as requested at the time of claim processing.
4. All American Van Lines reserves the right to require substantiation of any claims amounts, value of items claimed or proof of ownership.
5. Coverage is based on repair or replacement or the value stated by you on the coverage listing sheet, whichever cost is lower.
6. All American Van Lines reserves the right to replace the damaged or missing items with items of similar kind, age and quality.
7. If an item that is part of a set is lost or damaged, payment is only made for proportionate value of the item damaged, not the entire set. Items in a set grouped together will be considered of equal value.
8. This coverage is in effect while in transit, or in storage at origin while in the possession of All American Van Lines. Coverage will cease at delivery, or when items are out of the care, custody and control of All American Van Lines (for example for a delivery to your self-storage unit)
9. If All American Van Lines reimburses a claim for total loss or pays the amount stated on the valued inventory list, they at their option, have the right to salvage the damaged article.
10. In order for items picked up from self-storage or another moving company to be covered, all items must be unwrapped, inspected, and re-wrapped and protected by All American Van Lines. Labor and materials costs for doing this are separate (moving related), and are not associated with the cost of the Replacement Value coverage.
11. All claims must be submitted in writing within sixty (60) days of delivery.
12. Coverage is subject to the terms and conditions listed on the Order for Service, Bill of Lading, Estimate, Inventory, and other official paperwork provided by the Moving Company.

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13. Coverage must be purchased for the FULL value of each item covered. In the event that you under-insure your shipment, co-insurance will apply. What this means is that your claim – if accepted – will be paid out at the percentage to which you are under-insured.
14. In the event of a dispute about the resolution of the claim, all disputes are to be handled in binding arbitration. By purchasing coverage the Shipper agrees that in the event of a dispute, they will not seek resolution with any other organization, avenue or party other than the independent arbitration association listed. No suit, action, or proceeding for the recovery of any claim under this certificate shall be sustainable in any court of law or equity shall be recoverable except through binding arbitration as listed below. In the event that this is not permitted by the laws of the state in which you reside, any and all legal suits, actions or proceedings must be filed in Suffolk County in the state of New York. The arbitration program to be utilized in the event of a dispute is as follows:
United States Movers Association
7558 West Thunderbird Road, Suite 1-614
Peoria AZ 85381
(623) 237-3255

EXCLUSIONS: This policy does not cover:

- a) Loss or damage to jewelry, watches, gem stones, cash, currency or bank notes, deeds, travelers checks, coin or stamp collections, sports memorabilia, alcoholic beverages, foods, medications, negotiable items, furs or garments trimmed with fur, ammunition, contraband, cigarettes, laptop or tablet computers, mobile or cellular telephones.
- b) The maximum liability for any loss or damage to a box packed by owner is \$250.
- c) Items in boxes that are packed by owner that are not packed safely or sufficiently in order to ensure safe transit are excluded from coverage.
- d) Loss or damage caused by wear and tear, deterioration, changes in climatic or atmospheric conditions, mold and mildew, infestations, pre-existing damages, or inherent vice or defect of an item.
- e) The mechanical or electrical condition of an article will not be covered unless there is clear external damage to the item caused by All American Van Lines.
- f) Pre-existing damage listed by the movers on the inventory at time of pick up will not be covered.
- g) Damage will not be covered to items listed on the inventory as “Condition Unknown.”
- h) Loss or damage to any items listed as specifically excluded on the Order for Service, Bill of Lading, Inventory or Waiver Forms will not be covered.
- i) Loss or damage to any item for any reason specifically excluded on the terms and condition on the Bill of Lading and Order for Service will not be covered.

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Rate Schedule

The rates for the coverage will vary depending on the deductible and the amount of coverage you purchase. The rates are as follows:

Cost per \$1,000 subject to a **\$250** deductible: \$22.00

Cost per \$1,000 subject to a **\$500** deductible: \$19.00

Cost per \$1,000 subject to a **\$1000** deductible: \$16.00

	Cost for \$5,000 coverage	Cost for \$10,000 coverage	Cost for \$15,000 coverage	Cost for \$20,000 coverage	Cost for \$25,000 coverage
\$250 Deductible	\$110.00	\$220.00	\$330.00	\$440.00	\$550.00
\$500 Deductible	\$95.00	\$190.00	\$285.00	\$380.00	\$475.00
\$1000 Deductible	\$80.00	\$160.00	\$240.00	\$320.00	\$400.00

I understand and agree to the terms and conditions and exclusions listed on pages 1 and 2 above. I understand that if an item is not written on the inventory list of items covered (attached), then the item is not covered. Only items listed are covered. I request coverage for the following:

Option 1:

\$_____ Declared value, subject to a \$250 deductible. The cost for this coverage is \$22 per \$1000 declared value. Total Coverage cost is \$22 x declared value = \$_____

Print Name

Signature

Date

Option 2:

\$_____ Declared value, subject to a \$500 deductible. The cost for this coverage is \$19 per \$1000 declared value. Total Coverage cost is \$19 x declared value = \$_____

Print Name

Signature

Date

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