Southeast Florida – Tri-County
Standard Household Moving Company

Consumer Disclosure

☐Broward ☐Miami-Dade ☐Palm Beach

Company Name stamp/imprint

1) **"DO NOT" sign contract if the total cost of your move is not clearly shown. The *current* date and time must be included when you sign the contract.**

2) **"DO NOT" sign contract unless it is given to you PRIOR to wrapping, packing, or loading your goods.**

3) **"DO" get a copy of contract immediately upon signing.**

4) **FORM OF PAYMENT - every moving company must accept at least two of the following payment methods**:

☐ **Cash** (includes cashier's check, money order or traveler's check)
☐ **Personal Check** (Must show imprinted name and address)
☐ **Credit Card** (Must include but not limited to VISA or MasterCard)

5) **VALUATION COVERAGE** – **(You have two options – initial your choice)**

____ **Option 1 – Standard Valuation Coverage: *PLEASE READ CAREFULLY - by choosing this Option you are waiving certain valuable coverage which protects your possessions above the minimum amounts set by law***. If your goods become damaged or lost, the moving company may be required to reimburse you to a maximum amount of only sixty cents ($.60) per pound/per article, considerably less than the average value of household goods. There is no additional cost or deductible for standard coverage. (Example: If you have a 5-pound table lamp worth $300 and it is damaged or lost, you are only entitled to a maximum reimbursement of $3)

____ **Option 2 – Additional Valuation Coverage:** Additional coverage is available to compensate you for goods lost or damaged at an amount closer to the declared or replacement value. The terms must be clearly defined in the contract you sign.

There is an additional cost for this coverage. The additional coverage may contain a negotiated deductible, which is disclosed as $ _____. If a deductible applies, you are still entitled to the standard valuation coverage of $.60 per pound as described in Option 1 above on the deductible amount.

I understand the total moving contract is $_____ . This includes all inventory all inventory preparation, labor, transportation, packing materials/costs, storage and any additional valuation coverage. I understand that all household goods must be delivered and unloaded when the mover is paid this amount.

_____ _____ _____
Customer's Signature **Date** **Time Signed**

_____ _____ _____
Mover's Signature **Date** **Time Signed**

If you have concerns about a move that began or ended in Broward, Miami-Dade or Palm Beach County and that has not been resolved by your moving company, please contact the consumer protection agency where your move ended.

County	Broward	Miami-Dade	Palm Beach
Agency Name	Consumer Protection.	Consumer Services Dept.	Consumer Affairs Div.
Address	1 N. University Drive Plantation, FL 33324	140 West Flagler Street Room 902 Miami, FL 33130	50 South Military Trail Suite 201 West Palm Beach, FL 33415
Phone	**(954) 765-4400**	**(305) 375-3677**	**(561) 712-6600** (Main) **888-852-7362** **(Boca/Glades-toll free)**
Fax	(954) 765-5309	(305) 375-4120	(561) 712-6610
E-Mail	consumer@broward.org	consumer@miamidade.gov	consumer@pbcgov.org

This disclosure form must be provided to the customer with the written estimate. The form must be signed by the customer and the moving company prior to any work being performed. Original copy of the disclosures is to be given to the customer.