JJ Maloney Co.

7235 Boulevard Avenue
Pennsauken, NJ 08110
856-662-5030

# UNIFORM STRAIGHT BILL OF LADING

**Original---Not Negotiable**

SUBJECT TO THE TERMS AND CONDITIONS OF THE UNIFORM BILL OF LADING

**Carrier SCAC Code:** _____

| | |
|---|---|
| Date | |
| Shipper's Bill of Lading # | |
| Purchase Order # | |
| Shipper # | Shipper # |

**SHIPPER (from)** — Please provide zip codes and phone numbers. — **CONSIGNEE (to)**

| Shipper | | | | | | Consignee | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attn. to | | | Phone | | | Attn. to | | | | | Phone |
| Store | Dept. | Ste. | Flr. | Apt. | Div. | Store | Dept. | Ste. | Flr. | Apt. | Div. |
| Address | | | | | | Address | | | | | |
| Address | | | | | | Address | | | | | |
| Address | | | | | | Address | | | | | |
| City | | | | | | City | | | | | |
| State | | Zip/Postal Code | | Country Code | | State | | | Zip/Postal Code | | Country Code |

Special Instructions

**BILL FREIGHT CHARGES TO: (if different than above)**

| Name | | Mailing Address | | |
|---|---|---|---|---|
| City | | State | Zip/Postal Code | Country Code | Phone |

Freight charges are **PREPAID** unless marked collect.

**CHECK BOX IF COLLECT** ☐

**C.O.D.**

$ _____ **AMOUNT**

1. **The letters "C.O.D." must appear in box before consignee's name above.**
2. C.O.D. funds to be collected as: ☐ Certified Funds ☐ Company Check ☐ Personal Check
3. C.O.D. fee to be paid by: ☐ Shipper ☐ Consignee

**REMIT C.O.D. TO: (if different than shipper above)**

| Name | | Mailing Address | |
|---|---|---|---|
| City | | State | Zip/Postal Code | Phone |

**RECEIVED,** subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown hereon, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.

| NO. HANDLING UNITS Pieces | Pallets | HM (X) | DESCRIPTION OF ARTICLES, KIND OF PACKAGE, SPECIAL MARKS AND EXCEPTIONS (subject to correction) | WEIGHT IN LBS. | NMFC ITEM # (subject to correction) | CLASS | CUBE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

★ **MARK "X" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS AS DEFINED IN DOT REGULATIONS.** **TOTAL HANDLING UNITS:** Pieces_____ Pallets_____ Total_____

**NOTE (1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding_____per_____."**

**Note (2) Liability Limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current NMFC or this carrier's governing tariffs.** The Shipper may increase liability coverage by checking the appropriate box and completing the required information. Selecting excess liability coverage will result in additional charges in accordance with carrier's FXF 100 series rules tariff. Excess coverage is not available for NEW articles with actual, declared or released value provisions that are specifically outlined in the NMFC. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.

☐ The article(s) described above are **NEW, with standard liability coverage of $25** per pound per package or $100,000 per incident, whichever is lower. Shipper requests Excess Liability Coverage in the amount of $_____ per pound (not to exceed $50 per pound per package). In no event shall carrier's liability for NEW articles exceed the actual value of the articles or $50 per pound per package, whichever is less, with a maximum of $100,000 per incident.

☐ The article(s) described above are **USED or RECONDITIONED, with standard liability coverage of $0.50** per pound per package or $10,000 per incident, whichever is lower. Shipper requests Excess Liability Coverage in the amount of $5 per pound per package. In no event shall carrier's liability for **USED or RECONDITIONED** articles exceed the actual value of the articles or $5 per pound per package, whichever is less, with a maximum of $10,000 per incident.

**NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360.**

**FOR INTERNATIONAL SHIPMENTS PLEASE INDICATE BELOW THE NAME AND PHONE NUMBER OF BROKER:**

**Broker Name** _____ **Phone Number** _____

**FOR FREIGHT COLLECT SHIPMENTS**

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

**Consignor Signature** _____

**SHIPPER CERTIFICATION**

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

**Shipper Signature** _____ **Date** _____

**CARRIER CERTIFICATION**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.

| SINGLE SHIPMENT | DATE | DRIVER/EMPLOYEE NUMBER AND SIGNATURE | TRAILER # |
|---|---|---|---|
| Circle One Y N | | | |