



## **REQUIRED INSURANCE INFORMATION**

For the safety of your objects, a value declaration is required for each item released to the care of Etherington Conservation Services (ECS). Any single item or artifact will be insured up to \$1,000.00 at no additional cost to the client. If the declared value of an item exceeds \$1,000.00, an additional cost of \$1 per \$1,000.00 of coverage per month up to \$500,000.00 will be charged to the client with a minimum supplemental insurance charge of \$20.00. **A declaration of value in excess of \$100,000.00 must be submitted in writing by the customer and be accepted in writing by ECS at least 1 week prior to expected delivery of the item to an ECS facility. If client fails to provide a declared value for each item, ECS' maximum liability will not exceed \$100.00 per item.**

**1. ITEM DESCRIPTION:** \_\_\_\_\_

**DECLARED VALUE:** \$ \_\_\_\_\_, \_\_\_\_\_ .00

**Initial here:** \_\_\_\_\_ **List all additional items and their values on supplemental sheets.**

*Etherington Conservation Services, its parent company or its staff express no opinion as to the actual value or authenticity of the object(s) in the care of ECS.*

## **RETURNING YOUR ITEMS**

\* I PLAN TO PICK UP MY ITEM(S) from the ECS facility.

**Initial here:** \_\_\_\_\_

\*I PLAN TO HAVE MY ITEM(S) RETURN SHIPPED. \*Shipping insurance per item \$ \_\_\_\_\_ (enter desired insurance amount. If desired amount exceeds \$500 per item, fees may apply)

**Initial here:** \_\_\_\_\_

## **TERMS OF PAYMENT**

1. *Payment may be made by cash, check, VISA, MasterCard or Discover.*
2. *If the Owner or Authorized Agent does not claim possession of their item(s) within sixty (60) days after completion of work, storage fees will be charged at a rate of \$45.00 per month per item.*
3. ***FAILURE TO PAY*** - *If the Owner or Authorized Agent fails to pay the entire amount of the bill for 90 days after the invoice has been issued, along with all accompanying and accrued fees, ECS reserves the right to sell the client's object(s) and pay itself in full from the proceeds in order to recover unpaid bills and accrued service and storage charges.*

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**Please submit this completed form with your material.**

2. ITEM DESCRIPTION: \_\_\_\_\_  
DECLARED VALUE: \$ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_.00

3. ITEM DESCRIPTION: \_\_\_\_\_  
DECLARED VALUE: \$ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_.00

4. ITEM DESCRIPTION: \_\_\_\_\_  
DECLARED VALUE: \$ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_.00

5. ITEM DESCRIPTION: \_\_\_\_\_  
DECLARED VALUE: \$ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_.00

6. ITEM DESCRIPTION: \_\_\_\_\_  
DECLARED VALUE: \$ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_.00

7. ITEM DESCRIPTION: \_\_\_\_\_  
DECLARED VALUE: \$ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_.00

8. ITEM DESCRIPTION: \_\_\_\_\_  
DECLARED VALUE: \$ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_.00

9. ITEM DESCRIPTION: \_\_\_\_\_  
DECLARED VALUE: \$ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_.00

10. ITEM DESCRIPTION: \_\_\_\_\_  
DECLARED VALUE: \$ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_.00

List all additional items and their values on supplemental sheets.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please submit this completed form with your material.