



INSURANCE DECLARATION FORM

For the safety of your objects, a value declaration is required for each item released to the care of ECS Conservation. 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.**

ITEM 1: _____ VALUE: \$ ____, ____.00
ITEM 2: _____ VALUE: \$ ____, ____.00
ITEM 3: _____ VALUE: \$ ____, ____.00
ITEM 4: _____ VALUE: \$ ____, ____.00
ITEM 5: _____ VALUE: \$ ____, ____.00
ITEM 6: _____ VALUE: \$ ____, ____.00
ITEM 7: _____ VALUE: \$ ____, ____.00
ITEM 8: _____ VALUE: \$ ____, ____.00

ECS Conservation, 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 and INSURED for: \$_____ **Initial here:** _____

(Additional insurance charges will apply. UPS and FEDEX costs can be calculated prior to item(s) being shipped.)

TERMS OF PAYMENT

Payment may be made by Cash, Check, VISA, MasterCard, American Express, or Discover.

STORAGE FEES - *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 \$50.00 per month per item.*

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:** _____

(Additional Items may be Listed on back)

ITEM 9: _____ VALUE: \$ _____, _____ .00
ITEM 10: _____ VALUE: \$ _____, _____ .00
ITEM 11: _____ VALUE: \$ _____, _____ .00
ITEM 12: _____ VALUE: \$ _____, _____ .00
ITEM 13: _____ VALUE: \$ _____, _____ .00
ITEM 14: _____ VALUE: \$ _____, _____ .00
ITEM 15: _____ VALUE: \$ _____, _____ .00
ITEM 16: _____ VALUE: \$ _____, _____ .00
ITEM 17: _____ VALUE: \$ _____, _____ .00
ITEM 18: _____ VALUE: \$ _____, _____ .00
ITEM 19: _____ VALUE: \$ _____, _____ .00
ITEM 20: _____ VALUE: \$ _____, _____ .00
ITEM 21: _____ VALUE: \$ _____, _____ .00
ITEM 22: _____ VALUE: \$ _____, _____ .00
ITEM 23: _____ VALUE: \$ _____, _____ .00
ITEM 24: _____ VALUE: \$ _____, _____ .00
ITEM 25: _____ VALUE: \$ _____, _____ .00
ITEM 26: _____ VALUE: \$ _____, _____ .00
ITEM 27: _____ VALUE: \$ _____, _____ .00
ITEM 28: _____ VALUE: \$ _____, _____ .00
ITEM 29: _____ VALUE: \$ _____, _____ .00
ITEM 30: _____ VALUE: \$ _____, _____ .00
ITEM 31: _____ VALUE: \$ _____, _____ .00
ITEM 32: _____ VALUE: \$ _____, _____ .00
ITEM 33: _____ VALUE: \$ _____, _____ .00
ITEM 34: _____ VALUE: \$ _____, _____ .00
ITEM 35: _____ VALUE: \$ _____, _____ .00

CLIENT SIGNATURE: _____ DATE: _____