



coastmovers.com
 888-546-6820
 14840 Highway 106
 Belfair, WA 98528
 Permit No.HG064232

Customer Name: _____

Moving Checklist for Employees

Employees: Use this checklist to track the progress of the move and make sure each item is performed as required. Initial each item as it is completed. Include the date and time with any notes or comments.

INITIAL CUSTOMER CONTACT		NOTES & COMMENTS
Customer reaches out to Coast Movers for information and receives either a <u>Written Estimate</u> or <u>basic quote</u> :		
WRITTEN ESTIMATE	BASIC QUOTE	
<input type="checkbox"/> Customer submits web inquiry <u>and fills out cube sheet</u>	<input type="checkbox"/> Customer calls for information, but <u>does not</u> fill out cube sheet.	
<input type="checkbox"/> Employee uses the customer completed cube sheet to prepare a written non-binding estimate.	<input type="checkbox"/> Employee can provide the hourly rate and the amount of time he/she believes it will take to perform the move for local moves; or can provide the rate per unit of weight the company charges and the total weight he/she believes a shipment weighs, however this is a quote and does not qualify as an estimate. The Written Estimate will be completed in person by Employee after making a visual inspection on the day of the move.	
<input type="checkbox"/> Employee emails customer confirmation of date and time scheduled for move. Employee will attach to the email: <ul style="list-style-type: none"> o A copy of the written non-binding estimate or basic quote information o PDF copy of the "Consumer Guide to Moving in Washington State" o PDF copy of complaint form 		
<input type="checkbox"/> The week of the move, Employee will call/ email to confirm time and location with customer.		
MOVING DAY		NOTES & COMMENTS
<input type="checkbox"/>	Before departing facility, gather paperwork: <ul style="list-style-type: none"> o Two copies of Written Estimate and cube sheet (either previously completed or blank copies to be completed upon arrival) o Two copies of Bill of Lading o Blank supplemental estimate forms 	
<input type="checkbox"/>	Depart facility – Note time here.	
<input type="checkbox"/>	Arrive at customer's address – Note time here.	
<input type="checkbox"/>	Greet customer and perform visual inspection of goods:	

	<ul style="list-style-type: none"> ○ Notify customer of any improperly packed goods and offer to repack or have customer repack ○ Notify customer and make record of any items that are already damaged 	
<input type="checkbox"/>	If customer only received a basic quote and does not already have a Written Estimate, Employee will view the goods and prepare a non-binding Written Estimate at this time.	
<input type="checkbox"/>	<p>VALUATION PROTECTION – Calculate the cost of coverage plans 2 and 3 using the following steps:</p> <ol style="list-style-type: none"> 1. Ask the customer to declare the total value of the shipment. <i>Customer's declared value</i> = _____ 2. Using the cube sheet, multiply the net weight of the shipment by \$5.00 and round the result to the nearest \$100. <i>[net weight] x [\$5.00]</i> = _____ 3. Compare the result above with the customer's declared value and use whichever number is larger for the calculations below. <i>The larger number is</i> _____ 4. Divide the number above by 100 to get _____ 5. Take the number from line 4 above and multiply it by \$1.15 to get the cost of Option 2 – Replacement Cost Coverage with Deductible. \$ _____ 6. Take the number from line 4 above and multiply it by \$1.40 to get the cost of Option 3 – Replacement Cost Coverage with No Deductible. \$ _____ <p>Write the costs for Option 2 and Option 3 on the Bill of Lading and the Written Estimate forms.</p>	
<input type="checkbox"/>	Advise customer on valuation protection options and have them initial their selection (default selection is Option 2).	
<input type="checkbox"/>	<p>Review the rest of the non-binding Written Estimate with the customer:</p> <ul style="list-style-type: none"> ○ Have customer initial acknowledgement that the estimate is <u>non-binding</u> ○ Obtain customer signature 	
<input type="checkbox"/>	Employee reviews and signs Written Estimate – leave one copy with the customer, Employee retains the other.	
<input type="checkbox"/>	<p>Go over Bill of Lading with customer</p> <ul style="list-style-type: none"> ○ Make sure same damage protection option is selected as on Written Estimate ○ Make sure customer initials acknowledgement of <u>non-binding</u> estimate ○ Allow customer to review information on the back of the Bill of Lading ○ Obtain customer signature 	
<input type="checkbox"/>	Employee reviews and signs the Bill of Lading	
<input type="checkbox"/>	Load and transport items	
<input type="checkbox"/>	Unload items	
<input type="checkbox"/>	Record any breaks or interruptions to the nearest 15 min. increment – note on Bill of Lading	
<input type="checkbox"/>	<p>When move is complete:</p> <ul style="list-style-type: none"> ○ Note total charges on Bill of Lading ○ Obtain payment from customer ○ Leave one copy of Bill of Lading with customer, Employee retains the other. 	

AFTER THE MOVE		NOTES & COMMENTS
<input type="checkbox"/>	Return to facility	
<input type="checkbox"/>	File the Employee copy of signed Written Estimate, Bill of Lading, cube sheet, this checklist, and any other documents related to the move. *Documents must be retained for 3 years.	
HANDLING CUSTOMER COMPLAINT		NOTES & COMMENTS
<input type="checkbox"/>	Within 10 days of receiving a complaint, Employee must respond <u>in writing</u> to notify customer: <ul style="list-style-type: none"> • that it has received the complaint • that customer may contact the commission for further review: <ul style="list-style-type: none"> ○ by toll-free number 1-800-562-6150 ○ by mail P.O. Box 47250, Olympia, WA 98504 	
<input type="checkbox"/>	Employee must investigate the complaint or claim and decide to either: <ul style="list-style-type: none"> • pay the claim • refuse the claim • offer to compromise 	
<input type="checkbox"/>	Employee will advise the customer <u>in writing</u> of the resolution of the complaint or claim.	
<input type="checkbox"/>	If complaint is not resolved within <u>90 days</u> , Employee must inform customer <u>in writing</u> of the reason the company failed to resolve the claim or clearly state its final offer or denial and close the claim. The Employee will again advise the customer that it can contact the commission for further review: <ul style="list-style-type: none"> ○ by toll-free number 1-800-562-6150 ○ by mail P.O. Box 47250, Olympia, WA 98504 	