



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