

# BILL OF LADING

**SHIP BY TRUCK  
NOT NEGOTIABLE**

CONSIGNOR'S PHONE NO.

PRO. NO.

(Shipper or Agent)

DATE

CONSIGNOR

ADDRESS

(Street & Number)

(P.O. Box)

CONSIGNOR'S NO.

ORIGIN

(City)

(Province)

(Postal Code)

Received at the point of origin on the date specified, from the consignor mentioned herein, the property herein described, in apparent good order, except as noted (contents and conditions of contents of package unknown) marked, consigned and destined as indicated below, which the carrier agrees to carry and to deliver to the consignee at the said destination, if on its own authorized route or otherwise to cause to be carried by another carrier on the route to said destination, subject to the rates and classification in effect on the date of shipment.

It is mutually agreed, as to each carrier of all or any of the goods over all or any portion of the route to destination, and as to each party of any time interested in all or any of the goods, that every service to be performed here under shall be subject to all the conditions not prohibited by law, whether printed or written, including conditions set aside by the standard bill of lading, in power at the date of issuing, which are hereby agreed by the consignor and accepted for himself and his assigns.

The Contract for the carriage of the goods listed in the bill of lading is governed by regulation in force in the jurisdiction at the time and place of shipment and is subject to the conditions set out in such regulations.

CONSIGNEE

(Please do not abbreviate the Consignee's Name)

CONSIGNEE'S PO. NO.

COMPLETE DELIVERY ADDRESS

(Street and Number help us deliver your shipment)

DESTINATION

(City)

(Province)

(Postal Code)

CARRIER/ROUTE

PIECES	PROPER SHIPPING NAME AND SPECIAL MARKS	DANGEROUS GOODS			WEIGHT	RATE	AMOUNT	FREIGHT CHARGES	
		CLASS PRIMARY (SUBSIDIARY)	P.I.N.	PKG. GRP.				<input type="checkbox"/> COLLECT	<input type="checkbox"/> PREPAID
								<input type="checkbox"/> COLLECT <input type="checkbox"/> PREPAID Freight Charges will be collect unless marked prepaid.	
								<b>C.O.D. SHIPMENTS</b>	
								AMOUNT	\$
								COLLECTION CHARGE	\$
								<input type="checkbox"/> COLLECT <input type="checkbox"/> PREPAID	
								TOTAL	\$
								IF AT CONSIGNOR'S RISK, WRITE OR STAMP HERE	
<b>TOTAL</b>	SEAL NUMBER(S)	<b>PLACARDS</b>			TOTAL WEIGHT	TOTAL m <sup>3</sup>			
		OFFERED TO CARRIER <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCEPTED BY CARRIER <input type="checkbox"/> YES <input type="checkbox"/> NO						
SPECIAL INSTRUCTIONS		TYPE OF PLACARD		QUANTITY	DIMENSIONS OF SHIPMENT		<b>DECLARED VALUATION</b> \$ _____ Maximum liability \$4.41 per kilogram computed on the total weight of the shipment unless declared valuation states otherwise.		
		EMERGENCY RESPONSE PHONE NUMBER							
		EMERGENCY RESPONSE PLAN NUMBER							
		CARRIER REQUIRES 3 COPIES OF B/L							

**NOTICE OF CLAIM**

- (a) No carrier is liable for loss, damage or delay to any goods under the Bill of Lading unless notice there of setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier or the delivering carrier within sixty (60) days after the delivery of the goods, or, in the case of failure to make delivery, within nine (9) months from the date of shipment.
- (b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill.

CONSIGNOR

CARRIER

CONSIGNEE

PER

PER

PER

UNIT NO.

DATE

TIME