



FMI Logistics
 7151 44th St. SE
 Calgary, AB T2C 4E8
 Phone: 403-723-6660 Fax: 403-723-6664

BILL OF LADING



25310000011000000157723

CARRIER:

LOAD NUMBER

DATE	Whs Order	Carrier P	PO #	BOL #
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SHIPMENT DESCRIPTION	QTY	WEIGHT

SHIP FROM

SHIP TO

Pickup:

Deliver:

Freight Charges:

<input type="checkbox"/>	Collect
<input checked="" type="checkbox"/>	Prepaid by FMI

Freight Type:

DECLARED VALUATION:

If the shipment originated in Canada, Carrier's maximum liability for loss or damage to the goods, computed on the total actual weight of the shipment shall be limited to the lesser of (i) CAD \$2.00 per pound (or CAD \$4.41 per Kilogram, or (ii) the value of the goods at the place and time of shipment, including freight and other charges if paid, unless shipper or appropriate party has declared a higher value for the goods on the Bill of Lading, in which case Carrier's maximum liability shall be declared value of the goods.

If shipment originated in the United States, the lesser of (i) USD \$25.00 per pound, based on actual weight, per piece (ii) a value otherwise provided in the current National Motor Freight Classification, or (iii) USD \$100,000 per occurrence;

For shipments from United States to Canada or from Canada to the United States, the Carrier does not provide excess liability coverage (declared value) for amounts exceeding the limitations of liability indicated as stated above.

NOTICE OF CLAIM:

a) No carrier is liable for loss, damage or delay to any goods carried under the Bill of Lading unless notice thereof 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.

Shipper: _____ Carrier: _____ Consignee: _____