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# State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857

603-271-9200 FAX: 603-271-4912 TDD ACCESS: RELAY NH 1-800-735-2964

JEFFREY A. MEYERS  
COMMISSIONER

October 19, 2017

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

### REQUESTED ACTION

Authorize the Department of Health and Human Services to reimburse Thomas Pristow, Lakewood, OH for moving expenses associated with the relocation from Ohio to Henniker, New Hampshire in an amount not to exceed four thousand dollars (\$4,000), effective upon Governor and Council approval. 30% Federal Funds and 70% General Funds

Funding is available as follows:	<u>SFY 18</u>
05-95-95-950010-50000000-020-500219 HHS: Commissioner's Office	\$4,000
JN 95010035	

### EXPLANATION

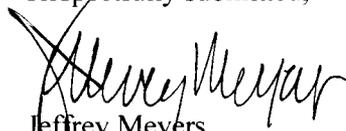
Under the Department of Administrative Services, Manual of Procedures, section Adm311.08 (dated March 1984) the policy is that "...moving expenses may be authorized by the governor and executive council, based on a recommendation from the appointing authority that the payment of such moving expenses is essential in order to recruit to professional positions." Thomas Pristow was recently confirmed by the Governor and Executive Council on October 11, 2017 as Deputy Commissioner of the Department of Health and Human Services.

In accordance with Adm 311.08, Mr. Pristow was asked to obtain three quotes for moving from licensed movers:

Two Men and a Truck	\$6,860.00
Allied	\$6,317.98
Mayflower	\$4,695.64

Based on the estimates obtained and discussion with Mr. Pristow, the Department is requesting that reimbursement of moving expenses be approved up to a maximum amount of \$4,000.

Respectfully submitted,



Jeffrey Meyers  
Commissioner

MC 335413



# ORDER FOR SERVICE TWO MEN AND A TRUCK

CLEVELAND EAST: 1420 LLOYD RD., WICKLIFFE, OHIO 44092 • (440) 943-3900  
 CLEVELAND WEST: 16110 BROOKPARK RD., BROOK PARK, OHIO 44135 • (216) 267-6700


IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

SHIPPER <u>Thomas Pristow</u>	CONSIGNEE TO <u>Thomas Pristow</u>
ADDRESS <u>12540 Edgewater Dr Apt. #307</u>	ADDRESS <u>118 Old Hillsboro Rd</u>
FLOOR _____ ELEV. _____ TEL: <u>(402)802-5144</u>	FLOOR _____ ELEV. _____ TEL: <u>(402)802-5144</u>
CITY <u>Lakewood</u> <u>44107</u> STATE <u>Ohio</u>	CITY <u>Henniker</u> <u>03242</u> STATE <u>New Hampshire</u>
CARRIER'S DELIVERING AGENT OR INTERLINING CARRIER (IF ANY)	ADDRESS _____
NAME _____	CITY _____ STATE _____ PHONE _____

LOCATION OF CERTIFIED SCALE TO BE USED IN WEIGHING SHIPMENT AT ORIGIN					
PACKING DATE REQUESTED (if applicable)	AGREED PICKUP DATE or period of time (if applicable)	GUARANTEED PICKUP DATE <u>10/20/2017</u> (if applicable)	AGREED DELIVERY DATE or period of time (if applicable)	GUARANTEED DELIVERY DATE <u>10/21/2017</u> (if applicable)	GUARANTEED SERVICE DATES <u>10/20/17-10/22/17</u> (if applicable)
Daily Allowance _____					

SHIPPER'S CONTACT EN ROUTE	SERVICES (AS APPLICABLE)	CHARGES
----------------------------	--------------------------	---------

NAME _____	Transportation FROM <u>44107</u> TO <u>03242</u>	\$6500.00
ADDRESS _____	Origin/Destination Fee	
CITY _____ STATE _____ PHONE _____	Fuel Surcharge	

SHIPPER'S CONTACT AT DESTINATION	SERVICES (AS APPLICABLE)	CHARGES
----------------------------------	--------------------------	---------

NAME _____	Containers, Packing & Unpacking	
ADDRESS _____	Storage-In-Transit at Location _____	
CITY _____ STATE _____ PHONE _____	Date In _____ Date Out _____	

SHIPPER DOES NOT <input type="checkbox"/> DOES <input type="checkbox"/> REQUEST NOTIFICATION CHARGES PRIOR TO DELIVERY AT:	SIT Pickup and Delivery	
NAME _____	Extra Pickups or Deliveries No. _____ at _____	
ADDRESS _____	Extra Labor, Special Services or Waiting Time	
CITY _____ STATE _____ PHONE _____	Bulky Articles	

Shipment subject to a minimum of \_\_\_\_\_ \$

<b>BINDING ESTIMATE CHARGES</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Additional Weight Additives	
Transportation <u>\$6860.00</u> Dest. Services <u>-</u>	Advanced Charges	
Origin Service <u>-</u> Storage <u>-</u>	Shuttle Service	
Total Charges <u>\$6860.00</u>	Self-Storage/Mini-Warehouse Pickups or Deliveries	

Total Charges above cover only the articles and services indicated on the estimate accompanying this order for service, signed by representative of both the carrier and shipper. Total charges are guaranteed for 90 days from date of signing.

Non-Binding Estimated Charges _____	Other Additional Services	
110% Collection Option (COD) _____	\$40,000 Full Value Protection	\$360.00

**BALANCE WILL BE BILLED 30 DAYS AFTER DELIVERY**

Payment in Cash or Certified Check, Traveler's Check or Bank Cashier's Check

Payable To \_\_\_\_\_

<b>BILLING INFORMATION</b> Type of Shipment <input type="checkbox"/> Chg. <input type="checkbox"/> P.P.D. <input checked="" type="checkbox"/> C.O.D.	<b>TOTAL</b>	<b>\$6860.00</b>
NAME _____		
ADDRESS _____		
CITY _____ STATE _____		

ATTENTION OF: Include day of the move and phone number on the ATTENTION OF line

ADDITIONAL INFORMATION:

DATE \_\_\_\_\_ X SHIPPER'S REPRESENTATIVE \_\_\_\_\_

**NO PERSONAL CHECKS**

Accepts Visa, Master Card, American Express, and Discover

DATE 9/22/2017 X Jesse Cavalier CARRIER'S REPRESENTATIVE



allied.com

# Estimate and Order for Service

Issued 09/22/2017 • Registration No.

Origin Address	Destination Address	Origin Agent	Destination Agent
Thomas Pristow 12540 Edgewater Drive Apt. 307 LAKEWOOD, OH 44107 M: (402) 802-5144 tpristow@me.com	Thomas Pristow 118 Hillsboro Rd Home HENNIKER, NH 03242 tpristow@me.com	Berger Transfer & Storage 8649 S. Freeway Dr. Macedonia, OH 44056 330-468-7600	ABC Moving & Storage- Sales Office only 12 Brokes Road Hudson, NH 03051 603-881-9444

### TPG Guaranteed Price (valid through 10/22/2017)

Moving Transportation (based on 10,000 lbs/632 Miles)	\$5,524.66
Basic Valuation Coverage	\$0.00
Miscellaneous Charges	\$598.32
Additional Charges	\$195.00
<b>TOTAL Binding Guaranteed Price (USD)</b>	<b>\$6,317.98</b>

This **Guaranteed Price** applies only for the services outlined below and only for the items to be moved as shown on the accompanying Estimate Inventory Summary. Charges associated with additional articles, quantities, and/or services requested or required to service this shipment, if any, will be added to the quoted price.

### Protection Options

This Binding **Total Price Guarantee** includes **Extra Care Protection** of your goods at the level indicated by the checkmark below. For your convenience, here are other **Extra Care Protection** options for your consideration.

<b>Extra Care Protection \$60,000.00</b>	<b>Total Guaranteed Price</b>
<input type="checkbox"/> with \$0 deductible	\$6,806.98
<input type="checkbox"/> with \$250 deductible	\$6,663.98
<input type="checkbox"/> with \$500 deductible	\$6,590.98
<input checked="" type="checkbox"/> <b>Basic Coverage</b>	<b>\$6,317.98</b>

**Basic Coverage** protects your goods at 60¢ pound/item to a maximum of \$6,000.00. **Example of Basic Coverage:** A flat screen TV (100 pounds) with an actual replacement value of \$1,000 will only be protected up to a maximum of \$60. **Select an option** other than basic coverage to protect your goods at their **full replacement value**.

### Agreed Service Dates

<b>Pack</b>	
<b>Pickup</b>	10/20/2017 to 10/20/2017
<b>Delivery</b>	10/21/2017 to 10/23/2017
<b>Unpack</b>	

**WARNING:** If a moving company loses or damages your goods, there are 2 different standards for the company's liability based on the types of rates you pay. BY FEDERAL LAW, THIS FORM MUST CONTAIN A FILLED-IN ESTIMATE OF THE COST OF A MOVE FOR WHICH THE MOVING COMPANY IS LIABLE FOR THE FULL (REPLACEMENT) VALUE OF YOUR GOODS in the event of loss of, or damage to, the goods. This form may also contain an estimate of the cost of a move in which the moving company is liable for FAR LESS than the replacement value of your goods, typically at a lower cost to you. You will select the liability level later, on the bill of lading (contract) for your move. Before selecting a liability, please read "Your Rights and Responsibilities When You Move," provided by the moving company, and seek further information at the government website [www.protectyourmove.gov](http://www.protectyourmove.gov)

### Move Consultant

**Debbie Walter**  
Berger Transfer & Storage  
debbiew@bergerallied.com  
P: (330) 468-7609

### Move Coordinator

**Natalie Waggoner**  
Berger Transfer & Storage  
nataliew@bergerallied.com

### Estimate Acknowledgement

I hereby acknowledge that I have received the "Ready to Move" brochure and the "Your Rights and Responsibilities When You Move" booklet which also contains a description of Allied Van Lines, Inc.'s Complaint and Inquiry Handling Procedure and its arbitration program.

#### Payment method

- Cash       AMEX       Visa  
 Cashier's Check       Discover       Master Card

X \_\_\_\_\_  
Customer's Signature      Date

### Order for Service

I acknowledge receipt of a copy of this Order for Service. I request that Allied Van Lines, Inc. furnish the services described in this order, subject to the terms and conditions of the Allied Van Lines, Inc. household goods bill of lading issued at the time Allied Van Lines, Inc. takes possession of this shipment.

X       09/22/2017  
Consultant's Signature      Date

X \_\_\_\_\_  
Customer's Signature      Date





allied.com

# Estimate and Order for Service

Issued 09/22/2017 • Registration No.

## Estimate Details

### Moving Transportation

Description

Transportation(10,000 lbs/632 Miles)

TOTAL

TOTAL

\$5,524.66

**\$5,524.66**

### Basic Valuation Coverage

60¢ per pound per article

**\$ -**

### Miscellaneous Charges

Location	City	St	Zip	Description	Qty	Rate	TOTAL
Main pick-up	LAKEWOOD	OH	44107	Shuttle	5,928 lbs.	\$598.32 flat chrg.	\$598.32
<b>Subtotal</b>							<b>\$598.32</b>
<b>TOTAL</b>							<b>\$598.32</b>

### Additional Charges

Description	Qty	Rate	TOTAL
Admin Fee	1	\$195.00 flat chrg.	\$195.00
<b>TOTAL</b>			<b>\$195.00</b>

### Notes

### Potential Charges

Potential costs for additional services may be incurred while in route or at destination. The customer will be billed for the balance of the charges 30 days after delivery if these services are performed at the request of the customer or are required in order to accomplish delivery of the shipment. The customer is obligated to pay the balance of the charges within 7 days of receipt of invoice.

Description	Rate
Extra stop	\$60.53 ea.
Extra labor - regular time	\$26.80 /hr./person
Extra labor - overtime	\$37.52 /hr./person
Waiting time	\$26.80 /hr./person and vehicle
Overtime unload	\$11.20 /cwt.
Mini storage delivery	\$1.63 /cwt.
Storage in transit	
Handling and 1st day of storage	\$8.05 /cwt.
Additional days of storage	\$0.34 /cwt./day
Delivery out of storage	\$19.50 /cwt.

X

Customer's Signature

Date





**BILL OF LADING - CUSTOMER'S DECLARATION OF VALUE**

REGISTRATION NUMBER

**THE CONSUMER MUST SELECT ONE OF THESE OPTIONS FOR THEIR CARRIERS LIABILITY FOR LOSS OR DAMAGE TO YOUR HOUSEHOLD GOODS  
THIS IS A TARIFF LEVEL OF CARRIER LIABILITY - IT IS NOT INSURANCE**

Option 1 - Standard Full Value Protection

**The Cost Estimate that you receive from your mover MUST INCLUDE Full (Replacement) Level of protection for the articles that are included in your shipment. If you wish to waive the Full (Replacement) Level of protection, you must complete the WAIVER of Full (Replacement) Value Protection shown below.**

**Full (Replacement) Value Protection** is the most comprehensive plan available for protection of your goods. If any article is lost, destroyed, or damaged while in your mover's custody, your mover will, at its option, either: 1) repair the article to the extent necessary to restore it to the same condition as when it was received by your mover, or pay you for the cost of such repairs; or 2) replace the article with an article of like kind and quality, or pay you for the cost of such a replacement. Under Full (Replacement) Value Protection, if you do not declare a higher replacement value on this form prior to the time of shipment, the value of your goods will be deemed to be equal to \$6.00 multiplied by the weight (in pounds) of the shipment, subject to a minimum valuation for the shipment of \$6,000. Under this option, the cost of your move will be composed of a base rate plus an added cost reflecting the cost of providing this full value cargo liability protection for your shipment.

**If you wish to declare a higher value for your shipment other than these default amounts, you must indicate that value here. Declaring a higher value may increase the valuation charge in your cost estimate.**

The Total Value of my shipment is: \$60,000.00 (to be provided by the customer). Dollar Estimate of the cost of your move at Full (Replacement) Value Protection: \$6,806.98 (to be provided by carrier).

**Deductibles --** You may also select one of the following deductible amounts under the Full (Replacement) Value level of liability that will apply for your shipment. (If you do not make a selection, the "No Deductible" level of full value protection that is included in your cost estimate will apply):

\$250 Deductible ( ) (Customer Initials) OR \$500 Deductible ( ) (Customer Initials)

Dollar Estimate of the cost of your move with \$0.00 Deductible: \$6,806.98 (to be provided by carrier)

I acknowledge that for my shipment I have: 1) **ACCEPTED** the Full (Replacement) Level of protection included in the estimate of charges and declared a higher Total Value of my shipment (if appropriate); and 2) received a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions

**Customer's Signature:** \_\_\_\_\_

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

**Declaration of Article(s) of Extraordinary (Unusual) Value -** I acknowledge that I have prepared and retained a copy of the "Inventory of Items Valued in Excess of \$100 Per Pound per Article" that are included in my shipment and that I have given a copy of this Inventory to the mover's representative. I also acknowledge that the mover's liability for loss of or damage to any article valued in excess of \$100 per pound will be limited to \$100 per pound for each pound of such lost or damaged article(s) (based on actual article weight), not to exceed the declared value of the entire shipment, unless I have specifically identified such articles for which a claim for loss or damage may be made on the attached inventory.

**Customer's Signature:** \_\_\_\_\_

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

Option 2 - Waiver of Full Reolacement Value

**This lower level of protection is provided at no additional cost beyond the base rate; however it only provides minimal protection** that is considerably less than the average value of household goods. Under this option, a claim for any article that may be lost, destroyed, or damaged while in your mover's custody will be settled based on the weight of the individual article multiplied by 60 cents. For example, the settlement for an audio component valued at \$1,000 that weighs 10 pounds would be \$6.00 (10 pounds times 60 cents)

Dollar Estimate of the cost of your move under the 60-cents option: \$6,317.98 (to be provided by carrier)

**COMPLETE THIS PART ONLY if you wish to WAIVE the Full (Replacement) Level of Protection included in the higher cost estimate provided (above) for your shipment and instead select the LOWER Released Value of 60 Cents per Pound per Article; to do so you must initial and sign on the lines below.**

I wish to Release my Shipment to a Maximum Value of 60 Cents per Pound per Article: ( ) (Customer Initials)

I acknowledge that for my shipment I have: 1) **WAIVED** the Full (Replacement) Level of protection for which I have received an estimate of charges; and 2) received a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions

**Customer's Signature:** \_\_\_\_\_

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

\*Referred to by Allied Van Lines as "Extra Care Protection Plan".

U.S. DOT NO.076235 • ALLIED VAN LINES, INC • P.O. BOX 988, FORT WAYNE, IN 46801-0988 •

1. Original - Van Lines    2. Shipper    3. SIRVA Provider





www.mayflower.com 800-241-1321



# ESTIMATE

BIND DATE: 09/27/2017

U.S. DOT No. 125563



PAGE 01 OF 01

ESTIMATE NUMBER  
M02811-T5WR0CN

**MOVE FROM:**  
**CUSTOMER:** Thomas Pristow  
**ADDRESS:** 12540 Edgewater dr  
**CITY, STATE, ZIP :** LAKEWOOD OH, 44107  
**ORIGIN PHONE :** 402-802-5144  
**CONTACT:** PHONE :  
**COMPANY(Associated With) :**  
**PACK DATE START:** **FINISH:**  
**LOAD SCHEDULED START:** 10/20/2017 **FINISH:** 10/20/2017

**MOVE TO:**  
**CUSTOMER:** Thomas Pristow  
**ADDRESS:** 118 Old Hillsboro rd  
**CITY, STATE, ZIP :** HENNIKER NH, 03242  
**DESTINATION PHONE :** 402-802-5144  
**CONTACT:** PHONE :  
**EMAIL:** tpnistow@me.com  
**FORM OF PAYMENT SELECTED :** CASHIERS CHECK  
**DELIVERY DATE RANGE:** **TO:**

**WARNING:** If a moving company loses or damages your goods, there are two (2) different standards for the company's liability based on the types of rates you pay. **BY FEDERAL LAW, THIS FORM MUST CONTAIN A FILLED-IN ESTIMATE OF THE COST OF A MOVE FOR WHICH THE MOVING COMPANY IS LIABLE FOR THE FULL (REPLACEMENT) VALUE OF YOUR GOODS** in the event of loss of, or damage to, the goods. This form may also contain an estimate of the cost of a move in which the moving company is liable for **FAR LESS** than the replacement value of your goods, typically at a lower cost to you. You will select the liability level later, on the bill of lading (contract) for your move. Before selecting a liability level, please read "Your Rights and Responsibilities When You Move," provided by the moving company, and seek further information at the government website "www.protectyourmove.gov."

### YOUR TOTAL PRICE INCLUDES ONLY THE FOLLOWING:

SERVICE DESCRIPTION				CHARGE
ON POINT BOUND TOTAL	BOUND WEIGHT	5,984 LBS.		4,695.64
FVP \$0 DEDUCTIBLE	\$36,000.00	IN COVERAGE		INCLUDED
CARTON TYPE	CARTONS ONLY	PACK	UNPACK	
DBL MAT CTN/BAG		2	2	INCLUDED
Q/K MAT CTN/BAG		1	1	INCLUDED
LG TW MAT CT/BG		2	2	INCLUDED
CORR MIRROR CTN		1		INCLUDED
TV-FLATPANEL 30"-59"		1	1	INCLUDED
O-SHUTTLE <26 MLS	AT ORIGIN			INCLUDED

## BINDING

For this binding estimate, Carrier must deliver the shipment upon payment of 100% of the On Point Price Certainty Total.

**ON POINT PRICE CERTAINTY TOTAL : \$**  **.00**

( Unless an Addendum or a New Estimate / Order for Service is Executed )

The Price Certainty Total on this binding estimate is valid when accepted and signed by 10/27/2017 . The Price Certainty Total on this binding estimate applies only to the specific services and quantities listed above for loading on 10/20/2017 . Changes to the Load Date could result in a price change. All bound services listed are included in the total.

By checking this box and signing below you are explicitly waiving your right to have Mayflower conduct a physical survey of your shipment and will accept Mayflower's estimate of charges based on a virtual survey, along with any other related services determined necessary by Mayflower as necessary to complete the transportation of your property.

### Estimate Acknowledgement

Customer's signature is required here, acknowledging the receipt of the following: 1) Estimate; 2) Your Rights & Responsibilities When You Move and Ready to Move brochures (which I agree may be provided electronically); and 3) Inventory of Items valued in Excess of \$100 Per Pound Per Article (High Value Inventory) form.

Customer's Signature  (Date Received)  Carrier's Representative Signature  (Agent Code)

BINDING ESTIMATE U.S. DOT NO. 125563