SELF-MOVE AGREEMENT

Claimant name

WisDOT region / office
Region, Office

Bid amount – lower of two moving bids, including insurance.
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The parties (the claimant and the Wisconsin Department of Transportation [WisDOT]) agree as follows:

1. The inventory shall not contain any property classified as realty or any property for which the claimant has been paid under the acquisition of the property.
2. The claimant certifies that:
   a) All personalty will be removed from the subject site.
   b) All items listed on the inventory will be actually moved.
3. All contaminated materials must be removed from the acquired parcel in an approved manner.
4. WisDOT will inspect the site to verify that all items have been removed.
5. The claimant shall provide WisDOT with reasonable advance notice of the move start date.
6. The claimant will allow a relocation agent or representative of WisDOT to monitor the move; such monitoring shall not cause WisDOT to assume any liability for the move.
7. The claimant is aware that replacement cost coverage has been included in the bids for the self-move. Neither WisDOT nor its employees or representatives shall be responsible for any damage to personal property in connection with the self-move.
8. The claimant is aware that insurance coverage should be maintained for the duration of the move.
9. The claimant shall indemnify and hold harmless WisDOT for any liability caused by injury or damage caused by claimant in connection with the self-move and this agreement.
10. WisDOT shall not be responsible for any costs that exceed the amount of the lowest bid.
11. This agreement does not include any specialized moves or related moving costs performed by others. Those costs shall be handled separately.

In addition to the above items, it is understood and agreed by the claimant and WisDOT that the bid amount identified above will be paid to the claimant for the relocation of all business fixtures, equipment, stock, inventory and other items of personalty listed on the "inventory" attached to this document.

APPROVED:

Relocation Agent Signature Date Claimant Signature Date

Print name Print Name

Project ID Highway County Parcel ID