

Bill of Lading Requirements

Bill of Lading (BOL or B/L): A transportation document that is a contract of carriage containing the terms and conditions between the shipper and the carrier.

When tendering a shipment to a carrier (other than small parcel) bound for any Wolverine Worldwide (WW) destination, the following information must be fully & clearly detailed in the appropriate section of the BOL:

- 1) Date of shipment
- 2) Shipper name & address
- 3) Consignee name & address
- 4) Freight terms
- 5) 3rd Party billing address when applicable
- 6) Shipper's # - Enter a unique control number to reference the shipment
Such as the WW po#
- 7) Carrier name
- 8) Carrier pro #, if less-than-truckload (LTL)
- 9) Commodity Description
Enter the description of each line item, noting the type of package (carton, barrel, etc.) and the quantity per package an item, there must be a separate line item for each different freight classification description. If more than one type of packaging is used per freight classification, a separate entry must be used for each type of package.
Note: Hazardous materials must be properly classified as per the US Department of Transportation & Hazardous Materials Regulations 49 CFR. Information available at <http://www.dot.gov/>
- 10) National Motor Freight Classification (NMFC) # per line item
Information available at <http://www.nmfta.org/Pages/NMFC.aspx>
- 11) Freight class per line item determined by the NMFC #
- 12) Number of shipping units per line item

- 13) Amount of weight per line item
- 14) Date & signature of the party preparing the shipment for transport
- 15) Date & signature of the driver including an acknowledgement of the # of pieces tendered to the carrier.

Date: 1	BILL OF LADING	Page 1 of _____			
SHIP FROM					
Name: 2 Address: City/State/Zip: SID#:	Bill of Lading Number: 6	BAR CODE SPACE			
SHIP TO					
Name: 3 Address: City/State/Zip: CID#:	Location #: 3 FOB: <input type="checkbox"/>	CARRIER NAME: 7 Trailer number: Seal number(s): SCAC: 8 Pro number:			
THIRD PARTY FREIGHT CHARGES BILL TO:					
Name: 5 Address: City/State/Zip:	BAR CODE SPACE				
SPECIAL INSTRUCTIONS:					
Freight Charge Terms: <small>(freight charges are prepaid unless marked otherwise)</small> Prepaid _____ Collect _____ 3 rd Party 4 <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>					
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP Y or N	ADDITIONAL SHIPPER INFO	
GRAND TOTAL					
GRAND TOTAL			CARRIER INFORMATION		
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350.</small>	LTL ONLY
QTY	TYPE	QTY	TYPE		NMFC #
12		13		9	10
					11
RECEIVING STAMP SPACE					
GRAND TOTAL					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.					
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>				CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>	
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver				Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
14				15	

SAMPLE

<p style="text-align: center;">SHIP FROM</p> <p>Name: ACME WIDGETS Address: 123 N MAIN ST City/State/Zip: ANYWHERE, ST XXXXX SID#: _____ FOB: <input type="checkbox"/></p>	<p>Bill of Lading Number: 02-00586</p> <p style="text-align: center; color: gray;">BAR CODE SPACE</p>
<p style="text-align: center;">SHIP TO</p> <p>Name: WWW DOMINICAN C/O COLONIAL Location #: _____ Address: 1020 PEARL ST City/State/Zip: BROCKTON, MA 02043 CID#: _____ FOB: <input type="checkbox"/></p>	<p>CARRIER NAME: COLONIAL TRUCKING Trailer number: Seal number(s): SCAC: Pro number: 158579</p>
<p style="text-align: center;">THIRD PARTY FREIGHT CHARGES BILL TO:</p> <p>Name: WOLVERINE WORLD WIDE Address: 9341 COURTLAND DR NE City/State/Zip: ROCKFORD, MI 49351</p>	<p style="text-align: center;">BAR CODE SPACE</p>
<p>SPECIAL INSTRUCTIONS:</p>	<p>Freight Charge Terms: <small>(freight charges are prepaid unless marked otherwise)</small> Prepaid _____ Collect _____ 3rd Party <u>XXX</u></p> <p><input type="checkbox"/> Master Bill of Lading: with attached <small>(check box)</small> underlying Bills of Lading</p>

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP Y or N	ADDITIONAL SHIPPER INFO
GRAND TOTAL				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be an invoice and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	CTNS	500	UNITS	72		EMBOSSED PAPER LABELS	153500 - 1	85
2	SKDS	18	CTNS	857		CLOTH OR NETTING, COMBINED WITH CELLULOSE FILM, IN BOXES	49250	70
GRAND TOTAL		4	518	929				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

<p>SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p> <p style="font-size: large; font-family: cursive;"><i>Bob Jones 8-1-08</i></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small></p> <p style="font-size: large; font-family: cursive;"><i>Colonial Part Driver</i> 2 + 18/2</p>
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