

CARGO – ONE TIME TRIP FOR HIGHER LIMITS

Use this form to determine acceptability, pricing and request endorsement when an insured needs a higher limit for a one time load. If higher limits are needed all the time or for a designated shipper, don't use this form.

NAMED INSURED: _____
POLICY #: _____

Determine Acceptability – Call agent to find out answers you wouldn't have in file.

1. What is the commodity to be hauled?

2. Is it different than what the insured normally hauls?

3. Does the insured/driver have experience hauling this commodity?

4. What vehicle will be hauling this load? We need to specifically describe it in the endorsement: _____
5. What Cargo Limit is needed for this load?

6. What is the actual value to the load?

7. What Cargo Limit does the insured currently have?

8. City and State load originating _____
Date load to start _____
9. Destination City and State _____
Date load to finish _____
10. Is the insured's loss experience acceptable? Do we want additional exposure for this insured? _____
11. If the trip is more than 1 day, what security measures are taken?

12. Is the load oversize/overweight?

13. What type of trailer is the cargo being hauled in?

14. Who is responsible for loading and unloading the load?
