

Cargo Questionnaire



This questionnaire is to be completed in conjunction with Acord 125, 143 and a state specific form 137. Complete Acord 194 if a filing is requested.

Applicant Name: _____ **Date Completed:** _____

General Information

- Do you have loaded spare trailers? Yes No If yes, number of trailers: _____
- List security measures taken (including spare loaded trailers):
 - Cameras Fence GPS Tracking System Bar Code Scanning
 - Security Guards Lighting King Pin Locks Other _____
- Do you anticipate hauling goods or entering into a contract that would exceed the policy limit? Yes No
If yes, describe: _____
- Complete for all applicable commodities

Commodities	% of Loads	Maximum Value	Average Value
<input type="checkbox"/> Antique Furniture	_____%	\$ _____	\$ _____
<input type="checkbox"/> Appliances	_____%	\$ _____	\$ _____
<input type="checkbox"/> Automobile Parts	_____%	\$ _____	\$ _____
<input type="checkbox"/> Automobiles	_____%	\$ _____	\$ _____
<input type="checkbox"/> Batteries	_____%	\$ _____	\$ _____
<input type="checkbox"/> Beer & Wine	_____%	\$ _____	\$ _____
<input type="checkbox"/> Boats, Snowmobiles, etc.	_____%	\$ _____	\$ _____
<input type="checkbox"/> Books/Periodicals	_____%	\$ _____	\$ _____
<input type="checkbox"/> Building Materials - NOC	_____%	\$ _____	\$ _____
<input type="checkbox"/> Cameras & Photographic Equipment	_____%	\$ _____	\$ _____
<input type="checkbox"/> Candy	_____%	\$ _____	\$ _____
<input type="checkbox"/> Canned/Dry Goods	_____%	\$ _____	\$ _____
<input type="checkbox"/> Carpet, Rugs	_____%	\$ _____	\$ _____
<input type="checkbox"/> Clothing	_____%	\$ _____	\$ _____
<input type="checkbox"/> Coffee, Tea, Spices	_____%	\$ _____	\$ _____
<input type="checkbox"/> Containers	_____%	\$ _____	\$ _____
<input type="checkbox"/> Cosmetics	_____%	\$ _____	\$ _____
<input type="checkbox"/> Cotton (Baled 72 Hours)	_____%	\$ _____	\$ _____
<input type="checkbox"/> Currency (coins, printed bills, or any other instrument used as a medium of exchange)	_____%	\$ _____	\$ _____
<input type="checkbox"/> Dairy Products	_____%	\$ _____	\$ _____
<input type="checkbox"/> Dry Freight (Undescribed)	_____%	\$ _____	\$ _____
<input type="checkbox"/> Eggs	_____%	\$ _____	\$ _____
<input type="checkbox"/> Electronic Parts	_____%	\$ _____	\$ _____
<input type="checkbox"/> Electronics	_____%	\$ _____	\$ _____
<input type="checkbox"/> Explosives, Ammunitions and Firearms	_____%	\$ _____	\$ _____
<input type="checkbox"/> Fertilizer (non-hazardous)	_____%	\$ _____	\$ _____
<input type="checkbox"/> Fine Arts	_____%	\$ _____	\$ _____
<input type="checkbox"/> Fish/Seafood (Not Shellfish)	_____%	\$ _____	\$ _____

Commodities	% of Loads	Maximum Value	Average Value
<input type="checkbox"/> Flyers/Leaflets	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Furniture	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Garbage (cargo coverage may be offered for bailed trash)	_____ %	\$ _____	\$ _____
<input type="checkbox"/> General Freight	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Glass/Glassware	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Grains/Feed	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Groceries/Produce	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hardware	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hay/Straw	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hazardous Class 1 – Explosives	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hazardous Class 2 - Gases	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hazardous Class 3 – Flammable Liquids	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hazardous Class 4 – Flammable Solids	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hazardous Class 5 - Oxidizers	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hazardous Class 6 – Poisons	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hazardous Class 7 - Radioactive	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hazardous Class 8 – Corrosives	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hazardous Class 9 – Miscellaneous	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Hazardous Substances/Hazardous Wastes	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Household Goods	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Iron/Steel	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Leather goods	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Liquor/Alcohol	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Livestock	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Logs	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Lumber	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Machinery – Heavy	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Machinery – Light	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Mail or Parcels	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Meat/Poultry (Frozen)	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Milk	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Mobile and Manufactured Homes	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Mobile Equipment	_____ %	\$ _____	\$ _____
<input type="checkbox"/> NOC	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Ore	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Paint/Varnish	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Paper Products	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Paper, Rolled	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Pharmaceuticals	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Pipe	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Precious Stones and Metals	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Raw Rubber	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Recreational Vehicles	_____ %	\$ _____	\$ _____

Commodities	% of Loads	Maximum Value	Average Value
<input type="checkbox"/> Rubber Products	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Sand/Gravel	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Shellfish	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Textiles	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Tires & Tubes	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Tobacco	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Tobacco (processed)	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Tools	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Towed Vehicles	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Toys & Sporting Goods	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Trailers	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Water	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Wires	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Woodchips	_____ %	\$ _____	\$ _____

Schedule of Coverages – Trip Transit Coverage

Complete only if writing Trip Transit Coverage or endorsement to existing Motor Truck Cargo Liability Policy.

Covered Shipment

- Described Property: _____

- Date of Shipment: _____ Until _____
- Shipped from: _____
- Shipped to: _____
- Requested Limit: \$ _____
Requested deductible: \$ _____
- Modes of transportation (check all that apply): Aircraft Carrier for Hire Owned Vehicle Railroad
- Does this shipment require refrigeration breakdown Yes No
If yes, deductible: \$ _____

Freight Broker/Freight Forwarder Receipts

Complete only if writing monoline Cargo.

Brokerage Receipts: Current year: \$ _____
Prior year: \$ _____
Forwarder Receipts: Current year: \$ _____
Prior year: \$ _____

Reporting Basis

Complete only if writing monoline Cargo.

Monthly reporting basis:

	Gross Receipts	Mileage	# Power Units
Current year	_____	_____	_____
1 st prior year	_____	_____	_____
2 nd prior year	_____	_____	_____
3 rd prior year	_____	_____	_____

Transportation

Complete only if writing Transportation coverage.

Modes of Transportation (complete all that apply).

- Aircraft _____ % \$ _____ Limit
- Owned Vehicle _____ % \$ _____ Limit
- Carrier for Hire _____ % \$ _____ Limit
- Railroad _____ % \$ _____ Limit
- TOTAL _____ %