

# 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)	_____ %	\$ _____	\$ _____

<b>Commodities</b>	<b>% of Loads</b>	<b>Maximum Value</b>	<b>Average Value</b>
<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 <sup>st</sup> prior year	_____	_____	_____
2 <sup>nd</sup> prior year	_____	_____	_____
3 <sup>rd</sup> 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 \_\_\_\_\_ %