



# GROUPASSUR TRANSPORT

## SINGLE TRIP REQUIRING HIGHER INSURANCE AMOUNT

Name of insured :

Policy number :

Type of cargo	
Real value	
Carrier's liability 2 \$/lbs or declared value? (Provide copy of bill of lading if available)	
Origin / Destination	/
Approximate duration (number of days)	
Is the carrier responsible for loading, unloading and / or handling?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe :
Oversized?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, escort vehicle? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Overweight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preventive measures against theft? Please describe.	
Other information relevant to the underwriting (ex. Transport in team, load & go etc.)	

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Broker's signature