



SINGLE TRIP REQUIRING HIGHER INSURANCE AMOUNT

Applicant's name: _____

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)	
Describe how the cargo is transported (e.g. packaging, box, crate etc.)	
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.)	

Signature of the Insured: _____

Date: _____

Please send the completed, signed and dated application to transport@revau.com.