



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? Yes No

If Yes, describe: _____

Oversized Yes No

If Yes, escort vehicle? Yes No

Overweight Yes No

Preventive measures against theft? Please describe. _____

Other information relevant to the underwriting (ex. transport in team, load & go etc.) _____

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

Applicant's signature: _____

Date: _____

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