

Please either Fax this form to 1-800-767-2263
Or
e-mail it to: cargoinsurance@acmetruck.com

Load Information for Additional Cargo Insurance

Customer Name: _____ Acct. # _____

Customer Address: _____

Certificate Holder (if other than customer): _____

Address: _____

1. Description of Load: _____

2. How Load is Packaged: _____

3. Length of Load: _____

4. Height of Load: _____

5. Width of Load: _____

6. Weight of Load: _____

7. Serial # on Load: _____

8. Declared Value of Load: _____

9. Origin of Load: _____

10. Destination of Load: _____

11. Number of Days in our Possession: _____

12. Number of Truck(s) Hauling Load: _____

13. Number & Name of Driver on Truck: _____

14. Is an Escort required on Load? _____

15. Who is responsible for loading? _____

16. Who is responsible for unloading? _____

17. Date Load is to be picked-up: _____