



Lincoln General Insurance Company

York, Pennsylvania

Applicant Name : _____ Policy Number : _____

Intermodal Questionnaire

List names of ports and/or rail yards that are serviced:

Does the insured haul any Hazardous Commodities in the containers? If yes, please complete the Hazmat Supplement.

What inspection is done before the insured accepts the containers?

Weight and Length of the containers?
Are there any pup containers?

Does the driver receive a copy of the bill of lading?

What controls does the insured have in place to prevent containers and trailers from being stolen or misplaced?

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

SIGNATURE OF FIRST NAMED INSURED

TITLE: (Owner, Partner, President, Etc.)

DATE

SIGNATURE OF PRODUCER

DATE



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