



ESSEX INSURANCE COMPANY

4521 Highwoods Parkway, Glen Allen, Virginia 23060-6148 P.O. Box 2010, Glen Allen, Virginia 23058-2010
 (804) 273-1400 (800) 345-3351 Fax (804) 273-1431

TRUCK CARGO APPLICATION

SURVEY FOR INSURANCE PROPOSAL MUST BE COMPLETED AND SIGNED FOR QUOTATION TO BE TENDERED

Name of Applicant: _____
 Mailing Address: _____
 Contact Name: _____ Telephone: _____
 Location Address: _____
 Years in Business: _____ Policy Term: _____ to _____
 Description of Operations: _____

 Insured is: _____ Individual _____ Partnership _____ Corporation _____ Joint Venture.

1. Business is: _____					Common Carrier _____ No. years in business _____				
Contract Carrier _____					Private Carrier (Owner's goods on own vehicle.) _____				
2. Are filings required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, MC# _____ States _____									
3. Radius of operations: _____ Principle cities / states entered _____									
4. Number of Vehicles:					5. Radius of Operation (List no. of units in each group) or Percent				
Vehicle Type	Van	Flatbed	Refrigerated	Tank	Bulk	Vehicle Type	Local	250+ Miles	Over 500 Miles
Cars						Trucks			
Tractors						Tractors			
Trucks						6. Gross Receipts for the Past Four Years			
Semi-Trailers						Period		Cargo	Revenue
Full-Trailers						From	To	Rate	
Double Deck									
IF ANNUAL TRUCKING REVENUE EXCEEDS \$1,000,000, ATTACH FINANCIAL STATEMENT									
7. Do you own or use equipment other than that listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details: _____					Estimated for Coming Year:				
8. Do you lease, loan or rent any of your equipment to others? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details: _____									
9. Name of present insurance carrier(s) and Policy No.(s) _____					10. Are present policies being canceled or not renewed? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: _____				
11. Limits Requested:		Average Exposure per Vehicle	Mximum Exposure per Vehicle						
Per Vehicle	Per Disaster								
\$	\$	\$	\$						
12. Deductible Requested: _____									
13. Is Reefer Coverage required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach the schedule. Are all reefer units newer than 10 years? _____									
14. Experience - Current and Past Two Years: <i>FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE</i>									

DATE	INSURED'S SIGNATURE
BROKER AGENT:	ADDRESS: