

## **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 App	licant:														
Mailing Address:															
Contact Nam	e:					Telephone:									
Location Add															
							to								
Years in Business: Policy Term: to to to															
Description	Description of Operations:														
Insured is: Individual PartnershipCorporation Joint Venture.															
1. Business is:	. Business is: No. years in business														
Contract Carrier     Private Carrier (Owner's goods on own vehicle.)_															
2. Are filings required? Yes No If yes, MC# States															
3. Radius of operations: Principle cities / states entered															
4. Number of	no. of units ir	n each group) or Percent													
Vehicle Type	Van	Flatbed	Refrigerate	d Tan	k Bulk	Vehicle Type	Local	250+ Mil	es Over 500 Miles						
Cars	·					Trucks									
Tractors						Tractors									
Trucks								Past Four Years							
Semi-Trailers						Per		Cargo Rate	Revenue						
Full-Trailers					From	From To									
Double Deck								+ +							
STATEMENT															
	_		other than t	hat listed	d above?										
No Yes, Details:															
8. Do you leas	se, Ioan o	r rent any	of your equi	pment to	others?										
No Yes, Details: Estimated for Coming Year:															
9. Name of present insurance carrier(s) and Policy No.(s)  10. Are present policies being canceled or not renewed? Yes No															
					Details:										
					Details.										
11. Limits Reque	ested:	Aver Expo	sure Ex	timum bosure Vehicle	-										
per Vehicle    per Vehicle      Per Vehicle    Per Disaster															
\$ \$ \$															
12. Deductible I	Requeste	d:													
13. Is Reefer Coverage required? Yes No If yes, attach the schedule.															
Are all reefer units newer than 10 years?															
14. Experience	14. Experience - Current and Past Two Years: FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE														

																							_									
15. Driver's Full Name as it appears on Licens NAME								nse: BIRTH DATE						STATE & DRIVER LICENSE NUMBER									R	DATE EMPLOYED								
16. Descri												t h			ry	same	limit											1				
No.		Trade Name Yr. Built				Type Rac			dius			I. D. Number									Limit											
																							_	_	_		-			⊢		
					+										$\ $								_	-	+		┢			++		
	╞														╢				H								╞					
					+										$\left  \right $									+	+		┢			┿		
															Ħ																	
17. Termin Terminal A																							Т	ərm	nina	al Limit						
								glar	ary Alarm Watchma					man	Construction Fire Contents						A	Average Values										
Terminal A	١d	dr	ess													]	_				R	ate		_ ern	nin	al Limit						
Lighted		F	enced	Sp	rir	nklere	d	E	Bur	rgla	ry A	lar	m	Wat	ch	man	Co	ons	tr	ruction		re Co		ts		A	vera	age	Valu	es		
18. Comm	18. Commodity															) OTAL'	AL** AVERAGE VALUE						-	MAXIMUM VALUE								
																		-														
**DRY FRE	EIC	ЭH	IT AND G	ENE	R	AL FR	REI	GH	T (	CAN	NNC	ЭΤ	MA	KE UP	۷ (	IORE	THAN	5%	%	OF TOT	AL											
19. Is lique	or	0	r manufa	cture	ed	l toba	cco	) tr	an	spc	orte	d?	Ye	s 🗌		No [	_ If	ye	s	, give de	etail	s sep	arat	ely.								
REMARKS	:																															
This form is for conveni submission determined	IMPORTANT  IMPORTANT    This form is not an application or offer to insure, but rather is solely for convenience in development of underwriting information for submission to one insurance company or companies to be determined.  IMPORTANT    The information herein is for the purpose of obtaining an application or quotation for insurance from any one of several insurance companies to be determined.  The information herein is for the purpose of obtaining an application or quotation for insurance from any one of several insurance companies and creates no obligation on the part of Essex Insurance Company unless an application or quotation is offered and accepted.																															
The Appli misrepres																					nd	that,	if in	su	ra	nce is af	fec	ted	, ma	teria	al	

DATE	INSURED'S SIGNATURE	
BROKER AGENT:	ADDRESS:	