



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:					
Vehicle Type	Van	Flatbed	Refrigerated	Tank	Bulk
Cars					
Tractors					
Trucks					
Semi-Trailers					
Full-Trailers					
Double Deck					
IF ANNUAL TRUCKING REVENUE EXCEEDS \$1,000,000, ATTACH FINANCIAL STATEMENT					
5. Radius of Operation (List no. of units in each group) or Percent					
Vehicle Type		Local		250+ Miles	
Trucks					
Tractors					
6. Gross Receipts for the Past Four Years					
		Period		Cargo Rate	Revenue
		From	To		
7. Do you own or use equipment other than that listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details: _____					
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	Maximum 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: FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE					

Losses past 3 years: _____ Date of Loss _____ Details _____ Carrier _____

15. Driver's Full Name as it appears on License:

NAME	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	DATE EMPLOYED

16. Description of Equipment - All vehicles do not have to carry same limit

No.	Trade Name	Yr. Built	Type	Radius	I. D. Number	Limit

17. Terminals

Terminal Address							Terminal Limit
Lighted <input type="checkbox"/>	Fenced <input type="checkbox"/>	Sprinklered <input type="checkbox"/>	Burglary Alarm <input type="checkbox"/>	Watchman <input type="checkbox"/>	Construction _____	Fire Contents Rate _____	Average Values _____
Terminal Address							Terminal Limit
Lighted <input type="checkbox"/>	Fenced <input type="checkbox"/>	Sprinklered <input type="checkbox"/>	Burglary Alarm <input type="checkbox"/>	Watchman <input type="checkbox"/>	Construction _____	Fire Contents Rate _____	Average Values _____

18. Commodity

COMMODITY	PERCENT OF TOTAL**	AVERAGE VALUE	MAXIMUM VALUE

****DRY FREIGHT AND GENERAL FREIGHT CANNOT MAKE UP MORE THAN 5% OF TOTAL**

19. Is liquor or manufactured tobacco transported? Yes No If yes, give details separately.

REMARKS:

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 and creates no obligation on the part of Essex Insurance Company unless an application or quotation is offered and accepted.

The Applicant agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

DATE _____ INSURED'S SIGNATURE _____

BROKER AGENT:

ADDRESS: