



ESSEX INSURANCE COMPANY



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: From: 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 No If yes, MC #: States:

3. Radius of operations: Principle cities / states entered:

4. Number of Vehicles:

Table with 6 columns: Vehicle Types, Van, Flatbed, Refrigerated, Tank, Bulk. Rows include 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

Table with 4 columns: Vehicle Type, Local, 250+ Miles, Over 500 Miles. Rows include Trucks, Tractors.

6. Gross Receipts for the Past Four Years:

Table with 4 columns: Period (From, To), Cargo Rate, Revenue. Multiple rows for data entry.

Estimated for Coming Year:

7. Do you own or use equipment other than that listed above? Yes No Details

8. Do you lease, loan or rent any of your equipment to others? Yes No Details

9. Name of present insurance carrier(s) and Policy No.(s): _____ _____ _____	10. Are present policies being canceled or not renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____
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11. Limits Requested:		Average Exposure per Vehicle	Maximum Exposure per Vehicle
Per Vehicle	Per Disaster		
\$	\$	\$	\$

12. Deductible Requested:	\$ _____
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13. Is Reefer Coverage required? Yes No **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	ID 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	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:

<p>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.</p>	<p>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.</p>
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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: