

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 PROPOSAL

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

Losses pas	Losses past 3 years: Date of Loss					Detail	Details Carrier								
=		rent	and Past	Two Y	ears: FL	EETS .	ATTACH L	OSS RUNS. IF N	<i>IULTIPLE LOS</i>	SSES - ITEMI	ZE				
	eefer unit			•			_								
13. Is Reefe			-		No		If yes, att	ach the schedule).						
				,											
12. Deducti		sted			Φ		<u> </u>								
\$	\$	ıer	\$		\$		-								
Per Vehicle	Per Vehicle Per Disaster		per Ve	hicle	per Vehicle										
Exposur			sure	ure Exposure											
11 Limits Requested: Average Maximum						-									
							Det	Details:							
allu PO	11Cy 14U.(S)							S No No							
9. Name of	present in licy No.(s)							present policies	being cancel	ed or not rei	newed	l?			
No			tails:				1	Estimated for C	_						
	ı lease, loa		-	or you	r equipn	nent to	otners?	Fathwat 16 - 2							
No			tails:	-4											
				Julei	נוומוו נוומ	เมอเษเ	abover								
	ı own or u	50 00	nuinment	Other t	than tha	t lister	l above?								
IF ANNUAL TRU	JCKING REV	ENUE	EXCEEDS S	\$1,000,00	0, ATTACH	I FINAN	CIAL								
Double Deck															
Full-Trailers								From	То	Rate					
Semi-Trailer	s							Peri	od	Cargo	Revenue				
Trucks							6. Gross Receipts for the Pa		st Four Year	s					
Tractors								Tractors							
Cars								Trucks							
	Vehicle Type Var		Flatbed Refriger		gerated	Tanl	k Bulk	Vehicle Type	Local	250+ Miles		Over 500 Miles			
4. Numbe	4. Number of Vehicles:							5. Radius of Operation (List no. of units in each group) or Perce							
3. Radius o	of operation	ns: _			P	rincip	le cities / s	states entered							
Z. AICHIII	2. Are filings required? Yes No No If yes, MC# States														
2 Ara filim	ae roguiro	43 V		No.	14	: voc "	MC#		Ctat	tos					
Contract	Carrier_							Private Carri	i er (Owner's go	oods on own	vehicle	e.)			
1. Busines	Business is: No. years in business														
Insured i	s:	Indiv	vidual	Pa	artnersh	ip	Corpo	ration Joi	nt Venture.						
Descript	Description of Operations:														
Years in	Years in Business: Policy Term: _							to							
Location	Location Address:														
Contact Name: Telephone:															
Mailing A	\ddress: _														
Name of	Арричани														

15. Driver's Full Name as it appears on License:													
	NAM				H DAT	E :	STATE & DRIVER LICENSE NUMBER					DATE EMPLOYED	
16. Description of Equipment - All vehicles do not have to carry same limit													
						ry same	iimit		D. Niversite se			Limit	
No.	Trade Name	Yr. Built	Туре	Ra	dius		I. D. Number						
			+										
25. Termi	nals												
Terminal Address Terminal Limit													
10111111111111					ı				1				
Lighted Fenced Sprinklered Burglary					Alarm Watchma			Construction Fire Contents Rate			Average Values		
Terminal A	Address			_						Terminal Li	mit		
Terminar P	- autress				1					Terminal En			
Lighted	Fenced	Sprinklered	Alarm]	chman	Construction		Fire Contents Rate		Average Values				
17. Comm	odity	PERCE	TOTAL*	k	AVER	AGE VAL	UE	MAXIMUM VALUE					
17. Commodity PERCENT OF TOTAL** AVERAGE VALUE MAXIMUM VALUE													
										İ			
**DRY FRE	EIGHT AND GE	NERAL FREIO	HT CAN	NOT MA	KE UP	MORE 1	HAN	5% OF TOT	AL				
20. Is liquor or manufactured tobacco transported? Yes \(\square\) No \(\square\) If yes, give details separately.													
REMARKS	5: 												
IMPORTAI							PORT						
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 The information herein is for the purpose of obtaining a proposal or quotation for insurance from any one of several insurance companies and creates no obligation on the part of Essex Insurance Company													
determined. unless a proposal or quotation is offered and accepted.													
The Proposer 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 A	AGENT:		ADDF	RESS:									