



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

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
Cars						Trucks		
Tractors						Tractors		
Trucks						6. Gross Receipts for the Past Four Years		
Semi-Trailers						Period		Cargo
Full-Trailers						From	To	Rate
Double Deck								Revenue
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:								
8. Do you lease, loan or rent any of your equipment to others?								
<input type="checkbox"/> No <input type="checkbox"/> 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 <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		

