

## **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 Addr	ess:														
Location Add	dress:														
Years in Bus	iness:		Polic	/ Term:		to									
Description of Operations:															
	-														
Insured is: _	Indi	ividual	Partne	rship _	_Corp	oration	Joint Venture.								
1. Business is:						Common C	arrierN	lo. years in b	ousines	SS					
Contract Car	rrier_					Private Carrie	r (Owner's goo	ds on own ve	ehicle.)_						
2. Are filings re	. Are filings required? Yes No If yes, MC# States														
3. Radius of op	erations:			Principle	e cities / sta	ates entered									
4. Number of										group) or Percent					
Vehicle Type	Van Flatbed		Refrigerated	I Tan	k Bulk	Vehicle Type	Local	250+ Mil	es	Over 500 Miles					
Cars						Trucks									
Tractors						Tractors  6. Gross Rece	ints for the Ba	et Four Voc	re						
Trucks Semi-Trailers					Per	Revenue									
Full-Trailers	+ + + + + + + + + + + + + + + + + + + +			From	То	Cargo Rate									
Double Deck						_	-	rate							
IF ANNUAL TRUCKII STATEMENT	NG REVENUE	E EXCEEDS S	\$1,000,000, ATTA	CH FINAN	CIAL										
7. Do you ow	n or use e	quipment	other than the	nat listed	d above?										
☐ No ☐	Yes, D	etails:													
8. Do you lea	se, loan o	r rent any	of your equi	oment to	others?										
No Yes, Details: Estimated for Coming Year:															
9. Name of present insurance carrier(s)  10. Are present policies being canceled or not renewed?									,						
and Policy No.(s) Yes No															
					Details:										
					Details.										
11. Limits Requ	ested:	Aver		imum											
Exposure Exposure per Vehicle															
Per Vehicle Pe	r Disaster	<b>"</b>													
\$ \$		\$	\$												
12. Deductible	Requeste	d:													
13. Is Reefer Co	•	•		No 🗌	If yes, attac	ch the schedule.									
Are all reefe					ATTAQUU	OSS RUNS IF N	41 II TIDI E 1 00	OFO ITEM!							
TA EVNORIGING	C.Hrrant	and Pact	IWO YEAR'	-,, -	$\Delta I I \Delta I \Box I I$	U.S.S. RIINIS IF N	11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	>F> = 11 FN/II	/ ⊢						

Losses past 3 years:		Date of Los	s	Details			s Carrier													
5. Drive	r's Full Name NAM	as it appears с	on Licens		H DAT	F	STATI	F &	DRIVER	3 1 10	ENSE	- NU	MR	FR		DAT	FF	MPI	0)	/FI
	1074			Sii(1			O I A I I	<u> </u>	DINIVE	LIC										_
																				_ _
		ment - All vehi				ry sam	ie limit													_
No. Trade Name Yr. Built Type				Radius			I. D. Numbe				er							Limit		
																				<b>]</b>
								$\parallel$												_
								#												1
								#												†
7. Termii erminal <i>A</i>						- 1	1.1		"	· ·		Te	rmi	nal L	imit					
Lighted	Fenced	Sprinklered	Burglary /	Alarm	Wato	chman	Cor	nstr	uction		re Cor		S		,	Aver	age	Val	ues	
erminal <i>A</i>	Address			]	L					No	ate		rmi	nal L	imit					_
Lighted Fenced Sprinklered Burglary							Cor	Construction Fire Cor							Average Values					
8. Comm	odity			PERCE	NT OF	TOTA	**		AVER	RAGI	VAL	.UE			MA	XIM	UN	I VA	LUE	<u> </u>
																				_
																				_
																				_
		NERAL FREIG												1						_
9. Is lique EMARKS		tured tobacco	transport	ted? Yes	S 📙	No	∐ If y	es,	, give de	etails	sepa	arate	ly.							
or conveni ubmission letermined	s not an applica ence in develo to one insurar I.	ation or offer to pment of under nce company or that the state	writing info	ormation es to be	for	ly c	or quotat companio Company	mation es a y ur	tion here for insur and crea nless an	rance ites r appl	e from no obli icatior	any gation or c	one n o luot	of son the cation	evera part is of	al ins of E fere	ura sse d ar	nce x Ins	sura ccep	ınd ote

nisrepresentation or concealment of any information voids this insurance.							
DATE	INSURED'S SIGNATURE						
BROKER AGENT:	ADDRESS:						