



# 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					
5. Radius of Operation (List no. of units in each group) or Percent					
Vehicle Type	Local	250+ Miles	Over 500 Miles		
Trucks					
Tractors					
6. Gross Receipts for the Past Four Years					
Period		Cargo	Revenue		
From	To	Rate			
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					

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

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

## 17. Terminals

Terminal Address

## 18. Commodity

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

REMARKS:

The Applicant agrees that the statements contained in this proposal are true and that, if insurance is affected, material

<b>misrepresentation or concealment of any information voids this insurance.</b>	
<b>DATE</b>	<b>INSURED'S SIGNATURE</b>
<b>BROKER AGENT:</b>	<b>ADDRESS:</b>