



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:					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	Over 500 Miles
Cars						Trucks			
Tractors						Tractors			
Trucks						6. Gross Receipts for the Past Four Years			
Semi-Trailers						Period		Cargo Rate	Revenue
Full-Trailers						From	To		
Double Deck									
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: <i>FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE</i>									
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	I. D. 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
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BROKER AGENT:	ADDRESS:
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