

ESSEX INSURANCE COMPANY

COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE INSURANCE PROPOSAL FORM

TELEPHONE NO. (804) 273-1400
FAX 804-273-1435

(ALL QUESTIONS MUST BE ANSWERED)

1. Name:		2. Address:			3. Address of Principal Terminal if other than address in Item 2.			
4. Business Is: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carrier <input type="checkbox"/> Bob-Tail Operation No. of Years in Business: _____				5. Full names and titles of officers, owners, partners:				
6. Names of Principal Shippers:								
7. Operates in States of:				8. Principal cities:				
9. Radius of Operation (List no. units in each group):				10. Number and Pieces of equipment - Property Carriers:				
Vehicle Type	50 miles	200 miles	Over	Vehicle Type	Owned Equip.	Equip. Long Term Lease From Others	Equip. Long Term Lease To Others	
Trucks				Trucks (other than dump)				
Tractors				Tractors				
Trailers				Semi-trailers				
				Full Trailers				
				Tank Semi-trailers				
				Tank Trailers				
11. Name of present insurance carrier(s) and Policy No.: Auto Physical Damage:				Refrigerated Trailers				
				Service Trucks				
12. Are present policies being cancelled or not renewed by insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO				Private Pass. Cars				
Details:				Dump Trucks				
13. Types of commodities transported by property carrier (Avoid term "General Merchandise". Name principal commodities):								
14. Do you own equipment other than that included in this submission? <input type="checkbox"/> YES <input type="checkbox"/> NO Details in Remarks section if "Yes".								
15. Do you trailer interchange equipment with other carriers? <input type="checkbox"/> YES <input type="checkbox"/> NO Details in Remarks section if "Yes".								

16. Description of Equipment					17. Coverage Desired			
No.	Trade Name	Year Built	Type	Serial Number	SP. Perils	COLL.	ACV	Legally Owned By
1								
2								
3								
4								
5								
6								
7								

* If more than seven (7) vehicles are to be covered, attach complete schedule of equipment listings and the required information as indicated in questions 16 and 17 above.

All Perils Deductible requested: 500 1,000 2,500

18. If more than one vehicle covered, give maximum possible terminal loss by fire/windstorm:

19. Is equip. regularly inspected and serviced: YES NO
At what intervals:

20. Loss Experience – Past Four Years

From	To	Value of total fleet	Premiums	Amount Deductible	Coll. Loss after Ded.	FTCAC Losses	Insurance Carrier

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

NAME	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	YEARS OF COMM. DRIVING EXPERIENCE	EMPLOYMENT DATE

IF MORE SPACE IS NEEDED, ATTACH COMPLETE DRIVER ROSTER.

REMARKS:

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.

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 any insurance company unless a proposal or quotation is offered and accepted.

AUTHORIZED SIGNATURE

DATE

BROKER AGENT: _____

AGENT'S ADDRESS: _____