



Essex Insurance Company
HIGH VALUE PHYSICAL DAMAGE APPLICATION

INSURED NAME
STREET ADDRESS

City State County Zip Code

Occupation Present Mileage & Estimated Miles

VEHICLE INFORMATION
 Year _____
 Manufacturer _____
 Complete Model Description, including Vin # _____
 Actual Cash Value _____
 Coverage and Deductible Requested _____
 Vehicle Garaged and Construction of Garage _____
 STREET PARKING YES NO ALARMED YES NO T-TOP YES NO
 TURBO YES NO BUSINESS USE YES NO CONVERTIBLE YES NO
 LEASED YES NO AUTO RACING/RALLIES YES NO

EXPLAIN HOW VEHICLE WILL BE USED AND RADIUS:

NAMED DRIVERS

1. _____ Name
 Age % of Driving
 _____ Driver's License Number
 Years Driving This Type of Vehicle

2. _____ Name
 Age % of Driving
 _____ Driver's License Number
 Years Driving this Type of Vehicle

DRIVING RECORD (Show Dates & Types of All Violations for the Past 3 Years or Enclose MVR's)
 1.
 2.

INSURED LOSSES (List All Losses by Date, Type & Amount for the Past 3 Years)

_____ Present Insuror
 Policy Number Anniversary Date
 Any Prior Insurance Cancellations/Declinations Yes No Dates
 Reason for cancellations/declinations _____

REMARKS:
 Insured 's Signature: _____ Date: _____