



ESSEX INSURANCE COMPANY

Inland Marine Brokerage Division - Richmond
P. O. Box 2010, Glen Allen, Virginia 223058-2010
Phone# 1-800-963-7739 Fax # 804-273-1435

MOTOR TRUCK CARGO APPLICATION

Effective Date: _____

Desired Rate: _____

Named Insured: _____

Address: _____

- How many years has the insured had motor truck cargo insurance in the above name? _____ Years
- How many years has the insured been driving truck(s)? _____ Years

Insured Is: Corporation Sole Owner Partnership

Common Carrier Contract Carrier Private Carrier

Brokerage Freight Forwarder

Filings: ICC MC# _____ Intrastate Authority: Yes No

Current Carrier: _____

Has cargo insurance been Canceled/Non Renewed in last 3 years? _____

Does applicant Interchange Equipment with Other Carriers? _____ Trip Lease? _____

Is Equipment Leased, Loaned or Rented to Others? _____ Back Haul? _____

ATTENTION: PLEASE NOTE THE FOLLOWING:

- Quotes cannot be rendered unless this section is complete.
- Term General Freight/Merchandise is unacceptable, if % of haul is over 5%.
- Average and maximum values are not to reflect policy/contractual limits, but the actual average and maximum values of the loads.
- Are commodities owned by Insured? Yes No Containerized? Yes No

SHIPPER	COMMODITY	% HAULED	AVERAGE VALUE	MAXIMUM VALUE

If any of the following are not listed above, they will be specifically excluded from the policy: Alcohol, animals, autos, chemicals, cotton, drugs, eggs, electronic equipment (i.e. computers, cameras, TV's), explosives, hazardous commodities, household goods, jewelry, seafood, tires or tobacco products.

Estimated Gross Receipts for the Coming Year: \$_____

Gross Receipts for Past Years:

From: _____	To: _____	Gross Receipts \$ _____
From: _____	To: _____	Gross Receipts \$ _____
From: _____	To: _____	Gross Receipts \$ _____

Number & Pieces of Equipment

	Company Owned	Owner Operators	Long Term Lease
Trucks			
Tractors			
Trailers: <input type="checkbox"/> Flatbed <input type="checkbox"/> Boxed			
Refrigerated			

Terminal Coverage (Complete Only If Requesting Coverage)

Street	City & State	Construction	Security	Limit

Radius of Operation: _____% Local (0-200 miles) _____% Intermediate (201-499 miles) _____% Long Haul (over 500 miles)

Loss History: Please complete ("See Attached" is unacceptable)

	Premium	Fire/Overturn/Collision/Theft/Other	Reserve	Amount Paid

Cargo Limits Desired: \$ _____ Per Vehicle \$ _____ Per Disaster

Deductible Desired: \$ _____ Per Vehicle \$ _____ Refer Units

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INSURANCE IS NOT IN EFFECT UNTIL A WRITTEN REQUEST TO BIND IS RECEIVED.

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The following underwriting information is requested by the companies and must be submitted on all bound accounts:

*Three (3) years company loss runs, signed application (new business only), current MVR's (within thirty (30) days of inception, *current financial statement (if filings are required), schedule of vehicles w/vin numbers (per unit policy only) and *maintenance and safety programs (new business only).

For policies with ten (10) or less units, a statement for the above items with a * may be sent for the insured's signature in lieu of actual documents.

Agency or Broker Signature: _____ Date: _____

Insured's Signature: _____ Date: _____

Company Use Only

Underwriter: _____ Broker # _____

Submission # _____