



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 PROPOSAL

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	Revenue
Full-Trailers						From	To	Rate	
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?					Estimated for Coming Year:				
<input type="checkbox"/> No <input type="checkbox"/> Yes, Details: _____									
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									
Losses past 3 years:	Date of Loss	Details			Carrier				
_____	_____	_____			_____				
_____	_____	_____			_____				

