



J. L. von Arx & Associates Insurance Services CA Lic. #0702245

TRUCK CARGO PROPOSAL

Effective: _____ *SURVEY FOR INSURANCE PROPOSAL MUST BE COMPLETED AND SIGNED FOR QUOTATION TO BE TENDERED*

1. Name:					2. Address - Terminal locations if more than one.				
3. Business is: <input type="checkbox"/> Common Carrier No. years in business _____ <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carriers (Owner's goods on own vehicle.)					4. Full names and titles of officers, owners, partners Telephone #				
5. With what regulatory commissions are policies to be filed?					6. File or docket numbers? I.C.C., Pa., Ohio, N.Y., In.				
7. Operates in States or Provinces of:									
8. Routes, (principle cities):									
9. Number and Type of Vehicles: Cars _____ Tractors _____					10. Radius of Operation (List no. of units in each group) or Percent				
Type Vehicle	Van	Flatbed	Refrigerated	Tank	Bulk	Vehicle Type	Local	250+ Miles	Over 500 Miles
Cars						Trucks			
Tractors						Tractors			
Trucks						11. 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									
12. Do you own or use equipment other than that listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details									
13. Do you lease, loan or rent any of your equipment to others? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details									
14. Name of present insurance carrier(s) and Policy No.(s)					16. Are present policies being canceled or not renewed? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:				
15. Deductible(s) on Prior Policies:					Estimated for Coming Year:				
17. Limits Requested:		Average Exposure per Vehicle	Maximum Exposure per Vehicle	Present Insuring Conditions: Form & Deductible Requested:					
per vehicle	per disaster								
\$	\$	\$	\$	18. Is terminal coverage required? If yes, details page 2.					
					20. Is liquor or manufactured tobacco transported? If yes, give details separately.				
19. Experience – Current and Past Two Years: <i>FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE</i>									
Period		Premium	No. Clms	Losses Paid and Outstanding					Totals
From	To			Fire	Collision	Overturn	Theft	Other	
21. DETAILS OF LARGE LOSSES:									

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

NAME	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	DATE EMPLOYED

23. Description of Equipment - All vehicles do not have to carry same limit

No.	Trade Name	Yr. Built	Type	Radius	I. D. Number	Limit

24. Commodity	PER CENT OF TOTAL	AVG. VALUE	MAX VALUE	25. Terminals	1	2
				Lighted		
				Fenced		
				Sprinklered		
				Burglary Alarm		
				Watchman		
				Construction		
				Fire Contents Rate		
				Limit Required		
				Average Values		

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.

IMPORTANT

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 Essex Insurance Company unless a proposal or quotation is offered and accepted.

DATE	SIGNED
BROKER AGENT	ADDRESS