

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								

