



# 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 APPLICATION

**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: _____ Contract Carrier _____	Common Carrier _____ No. years in business _____ Private Carrier (Owner's goods on own vehicle.) _____
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2. Are filings required? Yes  No  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?  
 No  Yes, Details: \_\_\_\_\_

8. Do you lease, loan or rent any of your equipment to others?  
 No  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: _____
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11. Limits Requested:

Per Vehicle	Per Disaster	Average Exposure per Vehicle	Maximum Exposure per Vehicle
\$ _____	\$ _____	\$ _____	\$ _____

12. Deductible Requested: \_\_\_\_\_

13. Is Reefer Coverage required? Yes  No  If yes, attach the schedule.  
Are all refrigeration 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

