



TRUCK CARGO PROPOSAL

SURVEY FOR INSURANCE PROPOSAL MUST BE COMPLETED AND SIGNED FOR QUOTATION TO BE TENDERED

Effective: _____

1. Name: _____					2. Address - Terminal locations if more than one. _____ _____ _____				
3. Business is: _____ Common Carrier _____ No. years in business _____ Contract Carrier _____ Private Carrier (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 of Vehicles:					10. 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						11. 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									
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: _____						Estimated for Coming Year:			
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: _____						Present Insuring Conditions: _____ Form & Deductible Requested: _____			
17. Limits Requested:		Average Exposure per Vehicle	Maximum Exposure per Vehicle						
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: FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE									
Period		Premium	No.Clms	Losses Paid and Outstanding					Totals
From	To			Fire	Collision	Overturn	Theft	Other	
		\$							
		\$							
		\$							
21. DETAILS OF LARGE LOSSES:									

[illegible][illegible]

24. Commodity	PERCENT 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:

<p>IMPORTANT</p> <p>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.</p>	<p>IMPORTANT</p> <p>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.</p>
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DATE	INSURED'S SIGNATURE
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BROKER AGENT:	ADDRESS: