

# ESSEX INSURANCE COMPANY

## COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE INSURANCE PROPOSAL FORM

(ALL QUESTIONS MUST BE ANSWERED)

<b>1. Name:</b>		<b>2. Address:</b>			<b>3. Address of Principal Terminal if other than address in Item 2.</b>		
<b>4. Business Is:</b> <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:				<b>5. Full names and titles of officers, owners, partners:</b>			
<b>6. Names of Principal Shippers:</b>							
<b>7. Operates in States of:</b>				<b>8. Principal cities:</b>			
<b>9. Radius of Operation (List no. units in each group):</b>				<b>10. Number and Pieces of equipment - Property Carriers:</b>			
<b>Vehicle Type</b>	<b>50 miles</b>	<b>200 miles</b>	<b>Over</b>	<b>Vehicle Type</b>	<b>Owned Equip.</b>	<b>Equip. Long Term Lease From Others</b>	<b>Equip. Long Term Lease To Others</b>
Trucks				Trucks (other than dump)			
Tractors				Tractors			
Trailers				Semi-trailers			
				Full Trailers			
				Tank Semi-trailers			
				Tank Trailers			
<b>11. Name of present insurance carrier(s) and Policy No.: Auto Physical Damage:</b>				Refrigerated Trailers			
				Service Trucks			
<b>12. Are present policies being cancelled or not renewed by insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>				Private Pass. Cars			
<b>Details:</b>				Dump Trucks			
<b>13. Types of commodities transported by property carrier (Avoid term "General Merchandise". Name principal commodities):</b>							
<b>14. Do you own equipment other than that included in this submission? <input type="checkbox"/> YES <input type="checkbox"/> NO</b> <b>Details in Remarks section if "Yes".</b>							
<b>15. Do you trailer interchange equipment with other carriers? <input type="checkbox"/> YES <input type="checkbox"/> NO</b> <b>Details in Remarks section if "Yes".</b>							

**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								

