



MOTOR 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 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:					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:									
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: 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:

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	PERCENT OF TOTAL	AVG. VALUE	MAX VALUE	25. Terminals	1	2
				Lighted		
				Fenced		
				Sprinklers		
				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

INSURED'S SIGNATURE

BROKER AGENT:

ADDRESS:



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date