

**ESSEX INSURANCE COMPANY**  
**Commercial Automobile**  
**Physical Damage Application**



(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> Details in Remarks section if "Yes".								
<b>15. Do you trailer interchange equipment with other carriers? <input type="checkbox"/> YES <input type="checkbox"/> NO</b> 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								

\* If more than seven (7) vehicles are to be covered, attach complete schedule of equipment listings and the required information as indicated in questions 16 and 17 above.

**All Perils Deductible requested:**  500  1,000  2,500





**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)**

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Insured/Applicant Signature

Date