



Essex
Insurance
Company

HIGH VALUE PHYSICAL DAMAGE APPLICATION

INSURED

Name: _____
 Street Address: _____
 City: _____
 State: _____
 County: _____
 Zip Code: _____

Occupation: _____
 Present Mileage: _____
 Estimated Miles: _____

VEHICLE INFORMATION

Year: _____
 Manufacturer: _____
 Complete Model Description: _____
 Actual Cash Value: \$ _____
 Coverage and Deductible Requested: _____
 Vehicle Garaged and Construction of Garage: _____

STREET PARKING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ALARMED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	T-TOP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TURBO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	BUSINESS USE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CONVERTIBLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LEASED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AUTO RACING/RALLIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

EXPLAIN HOW VEHICLE WILL BE USED AND RADIUS:

NAMED DRIVERS

- Name: _____
 Age: _____
 % of Driving: _____
 Driver's License Number: _____
 Years Driving This Type of Vehicle: _____
- Name: _____
 Age: _____
 % of Driving: _____
 Driver's License Number: _____
 Years Driving this Type of Vehicle: _____

DRIVING RECORD (Show Dates & Types of All Violations for the Past 3 Years or Enclose MVR's)

- _____
- _____

REMARKS: _____

Insured 's Signature: _____ Date: _____



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