

CARGO
To Be Effective _____

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P.O. BOX 11046 RICHMOND, VIRGINIA 23230-1046
4400 COX ROAD GLEN ALLEN, VIRGINIA 23060-4901
(804) 273-1400 - TELEX 32-5115



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

1. Name			2. Address-Terminal locations if more than one.							
3. Business is: <input type="checkbox"/> Common Carrier No. years in business _____ <input type="checkbox"/> Contract Carrier _____ <input type="checkbox"/> Private Carrier				4. Full names and titles of officers, owners, partners				Telephone #		
5. File or docket numbers? I.C.C., Pa., Ohio, N.Y., In.			6. With what regulatory commissions are policies to be filed?							
7. Operates in States of:										
8. Routes, (principle cities):										
9. Number and Pieces of equip.-Property Carriers				10. Radius of Operation (List no. of units in each group) or percent						
Vehicle Type	Company Owned	Long Term Lease	Trip Lease From Others Avg. per Mo.	Vehicle Type	15mi	50mi	100mi	150mi	200mi	over
Trucks				Trucks						
Tractors				Tractors						
Semi-trailers				Trailers						
Full Trailers				11. Gross Receipts for the Past Four Years						
Tank Semi-trailers				Period		Cargo Rate	Revenue			
Tank Trailers				From	To					
Refrigerated Trailers										
Service Trucks										
IF ANNUAL TRUCKING REVENUE EXCEEDS \$1,000,000, ATTACH FINANCIAL STATEMENT				Estimated for coming year.						
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										
14. Do you interchange equipment with other carriers? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details										
15. Name of present insurance carrier(s) and Policy No.(s): Cargo _____ Bodily Injury & Property Damage _____ Auto Physical Damage _____ Motor Cargo _____				16. Are present policies being cancelled or not renewed? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:						
17. Limits Requested:		Ave. Exposure per Vehicle	Max. Exposure per Vehicle	Present Insuring Conditions & Deductible _____ 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 separate						
19. Experience Current and Past Two Years:										
Period		Premium	No. Clms	Losses Paid and Outstanding					Totals	
From	To			Fire	Collision	Overtum	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

No.	Trade Name	Yr. Built	Type	Radius	I.D. Number	Limit

24. Commodity	PER CENT OF TOTAL	AVG VALUE	MAX VALUE	25. Terminals	1	2
				Lighted		
				Fenced		
				Fire Alarm		
				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 here in 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 Co. or any insurance company unless a proposal or quotation is offered and accepted.

DATE _____ SIGNED _____

BROKER AGENT _____ ADDRESS _____