



4860 Cox Road, Suite 200, Glen Allen, VA 23060

(804) 804-229-0968

TRUCK CARGO PROPOSAL

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

Name of Applicant: _____
 Mailing Address: _____
 Contact Name: _____ Telephone: _____
 Location Address: _____
 Years in Business: _____ Policy Term: _____ to _____
 Description of Operations: _____

 Insured is: _____ Individual _____ Partnership _____ Corporation _____ Joint Venture.

1. Business is: _____					Common Carrier _____		No. years in business _____		
Contract Carrier _____					Private Carrier (Owner's goods on own vehicle.) _____				
2. FEIN # or SS number: _____									
2. Are filings required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, MC# _____ States _____									
3. Radius of operations: _____ Principle cities / states entered _____									
4. Number of Vehicles:					5. 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						6. 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									
7. Do you own or use equipment other than that listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details: _____									
8. 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:				
9. Name of present insurance carrier(s) and Policy No.(s) _____					10. Are present policies being canceled or not renewed? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: _____				
11. Limits Requested:		Average Exposure per Vehicle	Maximum Exposure per Vehicle						
Per Vehicle	Per Disaster								
\$	\$	\$	\$						
12. Deductible Requested: _____									
13. Is Reefer Coverage required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach the schedule. Are all reefer units newer than 10 years? _____									
14. Experience - Current and Past Two Years: FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE									
Losses past 3 years:	Date of Loss	Details	Carrier						
_____	_____	_____	_____						
_____	_____	_____	_____						

15. Driver's Full Name as it appears on License:			
NAME	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	DATE EMPLOYED

16. Description of Equipment - All vehicles do not have to carry same limit						
No.	Trade Name	Yr. Built	Type	Radius	I. D. Number	Limit

17. Terminals							
Terminal Address						Terminal Limit	
Lighted <input type="checkbox"/>	Fenced <input type="checkbox"/>	Sprinklered <input type="checkbox"/>	Burglary Alarm <input type="checkbox"/>	Watchman <input type="checkbox"/>	Construction _____	Fire Contents Rate _____	Average Values _____
Terminal Address						Terminal Limit	
Lighted <input type="checkbox"/>	Fenced <input type="checkbox"/>	Sprinklered <input type="checkbox"/>	Burglary Alarm <input type="checkbox"/>	Watchman <input type="checkbox"/>	Construction _____	Fire Contents Rate _____	Average Values _____

18. Commodity	PERCENT OF TOTAL**	AVERAGE VALUE	MAXIMUM VALUE

****DRY FREIGHT AND GENERAL FREIGHT CANNOT MAKE UP MORE THAN 5% OF TOTAL**

19. Is liquor or manufactured tobacco transported? Yes No **If yes, give details separately.**

REMARKS:

<p>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.</p>	<p>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.</p>
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The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

DATE	INSURED'S SIGNATURE
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BROKER AGENT:	ADDRESS:
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COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE INSURANCE PROPOSAL FORM

(ALL QUESTIONS MUST BE ANSWERED)

1. Name:			2. Address:			3. Address of principal terminal if other than address in item 2.	
4. Business is:				5. Full names and titles of officers, owners, partners:			
<input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carrier <input type="checkbox"/> Bobtail Operation							
No. of years in business:							
6. Names of principal shippers:							
7. Operates in states of:				8. Principal cities:			
9. Radius of operation (list no. units in each group):				10. Number and pieces of equipment - property carriers:			
Vehicle type	50 miles	200 miles	over	Vehicle type	Owned Equip.	Equip. long term lease from others	Equip. long term lease to others
Trucks				Trucks (other than dump)			
Tractors				Tractors			
Trailers				Semi-trailers			
				Full trailers			
				Tank semi-trailers			
				Tank trailers			
11. Name of present insurance carrier(s) and policy no.: Auto physical damage:				Refrigerated trailers			
				Service trucks			
12. Are present policies being cancelled or not renewed by Insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO				Private pass. cars			
				Dump trucks			
Details:							
13. Types of commodities transported by property carrier ("general merchandise" not acceptable - name principal commodities):							
14. Do you own equipment other than that included in this submission? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Details in Remarks section if "yes".							
15. Do you trailer interchange equipment with other carriers? <input type="checkbox"/> YES <input type="checkbox"/> NO Details in Remarks section if "yes".							
16. Description of Equipment						17. Coverage Desired	
No.	Trade Name	Year Built	Serial Number		ACV	Legally owned by	
1							
2							
3							
4							

No.	Trade Name	Year Built	Serial Number	ACV	Legally owned by
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.

Comprehensive and collision deductible desired: 500 1,000 2,500 Other

18. If more than one vehicle covered, give maximum possible terminal loss by fire/windstorm: _____ 19. Is equip. regularly inspected and serviced: YES NO
At what intervals: _____

20. Loss Experience - past four years

From	To	Value of total fleet	Premiums	Amount Deductible	Coll. Loss after Ded.	FTCAC Losses	Insurance Carrier

21. Driver's full name as it appears on license:

Name	Date of birth	State of Issuance	License Number	Yrs of commercial driving experience	Employment Date

*If more space is needed, attach complete driver roster.

Remarks:

Authorized Signature

Date

Producing Agent name and address:

Producing Agent Signature

Date

Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

**IMPORTANT NOTICE REGARDING
TERRORISM COVERAGE – TER 9010PHN 01 10**

Insured: Policy Number:

Producer: Effective Date:

This notice applies to the type(s) of insurance provided under this policy that are subject to the Terrorism Risk Insurance Act, as amended ("The Act"). You are hereby notified that under The Act have a right to purchase insurance coverage for losses arising out of **certified acts of terrorism**, as defined in Section 102(1) of The Act. The term **certified act of terrorism** means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHEN COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

This quotation includes an offer of coverage for losses due to **certified acts of terrorism**, as defined by The Act, and, if accepted, will be subject to the limit(s), terms and conditions of any policy subsequently issued. The quoted premium for this terrorism coverage is \$

In order to accept or reject this offer of terrorism coverage for the premiums stated above please do one of the following:

To Reject this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company; and
- (2) Mark the "Reject" option below, sign and date below, and return the original signed document to your agent or broker representing AGCS Marine Insurance Company.

To Accept this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company; and
- (2) Pay the premium by the due date shown on your premium billing.

Please note that any coverage mandated by applicable Standard Fire Policy laws will not be affected by your rejection below of terrorism coverage.

If you have any questions about this or any other insurance matter, please contact your agent or broker representing the AGCS Marine Insurance Company.

TERRORISM COVERAGE ELECTION:

I REJECT COVERAGE FOR LOSSES DUE TO TERRORIST ACTS, AS DEFINED IN THE ACT.

Applicant

Applicant's Signature

Title

Date

Insurance Company

Please return to your agent or broker representing AGCS Marine Insurance Company.