

ESSEX INSURANCE COMPANY

CARGO LOSS NOTICE

Tel # 804-273-1400

Fax # 804-273-1435

e-mail to jhull@markelcorp.com, dpurdy@markelcorp.com & ebohr@markelcorp.com

DATE:

Agency		Phone # area code	
Name		Fax #	Essex Policy #
Address		Policy Effective Date	Policy Expiration Date
		Date of Loss	

INSURED

Name		Phone # area code	
Address		Person to contact	Where to contact
		Contacts residence and business phone #	

LOSS

Location of loss or accident – Route #, mile marker, city & state			
Authority contacted:		Violations/citations	
DESCRIPTION OF ACCIDENT: How did it occur?			
POLICY COVERAGES:		Deductible	Limit of liability per vehicle
Coverage A – All Risk			
Coverage B – Named Perils			

VEHICLE INVOLVED

Vehicle #	Year, make, model – tractor	Year, make, model – trailer	VIN Vehicle Identification
Owner's name and address of vehicle		Phone # area code ext.	
Driver's name & Drivers License # – check if same as above ___		Res. phone # area code	
Type of cargo, value, location – address and phone #area code			
Shipper – address phone # person to contact			
Name of buyer/consignee – address phone # person to contact			
REMARKS:			

REPORTED BY:		REPORTED TO:	
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