ESSEX INSURANCE COMPANY
INLAND MARINE BROKERAGE DIVISION

Effective Date of Coverage: _____

Insured's Complete Name: _____

Garaging Address (City, State, Zip): _____

List **ALL** commodities. The term General Freight and General Merchandise are not exceptable if % of haul exceeds 5%.

Commodity	Average Load Value	Maximum Load Value	%

Radius (0-200Miles) _____%Local (201-499 miles) _____%Intermediate (over 500 miles) _____%Long Haul

FILINGS:
FHW Authority ☐ Yes ☐ No ICC MC# _____
Requires State(s) ☐ Yes ☐ No (List All)_____

Does insured operate into or through any of the following :
☐ New York ☐ New Jersey ☐ Southern California ☐ Southern Florida ☐ Memphis ☐ Chicago

Insurance History:
Company Name _____ Policy Period _____
_____ _____
_____ _____

Loss History:

Date of Loss	Details	Amount Reserved/Paid

Vehicle Information (Owned and Leased)

Year	Make & Serial #	Type

Coverage Information
Cargo Limit Desired:$_____ ☐ All Risk ☐ Named Perils Deductible $_____
Other: _____

Insured's Signature: _____ Dated: _____

Agents Signature:_____ Dated: _____

Agency Name and Address: _____
_____ Agent Telephone:_____