



**Robert W. Schmidt & Company**

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**TRUCK CARGO PROPOSAL**

**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: _____ Common Carrier _____ No. years in business Contract Carrier _____ Private Carrier (Owner's goods on own vehicle.) _____					4. Full names and titles of officers, owners, partners _____ _____ _____ Telephone #: _____				
5. With what regulatory commissions are policies to be filed?					6. File or docket numbers? I.C.C., Pa., Ohio, N.Y., In.				
7. Operates in States or Provinces of:									
8. Routes, (principle cities):									
9. Number of Vehicles:					10. 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						11. 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									
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:					Estimated for Coming Year:				
14. Name of present insurance carrier(s) and Policy No.(s) _____					16. Are present policies being canceled or not renewed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
15. Deductible(s) on Prior Policies:					Details:				
17. Limits Requested:		Average Exposure per Vehicle	Maximum Exposure per Vehicle	Present Insuring Conditions: _____					
Per Vehicle	Per Disaster			Form & Deductible Requested: _____					
\$	\$	\$	\$						
18. Is terminal coverage required? _____ If yes, details page 2.					20. Is liquor or manufactured tobacco transported? _____ If yes, give details separately.				
19. Experience - Current and Past Two Years: <i>FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE</i>									
Period		Premium	No.Clms	Losses Paid and Outstanding					Totals
From	To			Fire	Collision	Overturn	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 - All vehicles do not have to carry same limit**

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

24. Commodity	PERCENT OF TOTAL	AVG. VALUE	MAX VALUE	25. Terminals	1	2
				Lighted		
				Fenced		
				Sprinklered		
				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 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.

**DATE**

**INSURED'S SIGNATURE**

**BROKER AGENT:**

**ADDRESS:**