



ESSEX INSURANCE COMPANY

TRANSPORTATION APPLICATION

NAME OF APPLICANT _____		ADDRESS OF APPLICANT (NO. STREET, TOWN, COUNTY, STATE) _____	
REQUESTED INCEPTION DATE _____	EXPIRATION DATE _____	ANNUAL GROSS SALES \$ _____	
DESCRIPTION OF GOODS TO BE INSURED: _____			
POINTS OF SHIPMENT: _____			
PLACES OF DESTINATION: _____			

COVERAGE DESIRED

\$ _____ AMOUNT OF DEDUCTIBLE

LIMIT OF LIABILITY

\$ _____	ANY ONE AIRCRAFT:
\$ _____	ANY ONE MOTOR TRUCK AND/OR TRAILER (OWNED BY APPLICANT)
\$ _____	ANY ONE MOTOR TRUCK AND/OR TRAILER (NOT OWNED BY APPLICANT):
\$ _____	ANY ONE RAILROAD CAR:
\$ _____	ANY ONE LOSS, DISASTER OR CASUALTY

TOTAL ANNUAL VALUES

INCOMING SHIPMENTS AT RISK: \$ _____	OUTGOING SHIPMENTS: \$ _____
PERCENT OF OUTGOING SHIPMENT SENT F.O.B. POINT OF ORIGIN: _____ %	ARE OUTGOING F.O.B. SHIPMENTS TO BE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL AMOUNT

METHOD OF SHIPMENT	INCOMING	OUTGOING	INTERPLANT OR WAREHOUSE	IS RELEASED OR FULL VALUE BILL OF LADING USED? IF RELEASED STATE BASIS
RAILROAD FREIGHT	\$ _____	\$ _____	\$ _____	_____
PUBLIC TRUCKMEN	\$ _____	\$ _____	\$ _____	_____
WATERBORNE CARRIERS	\$ _____	\$ _____	\$ _____	_____
AIR FREIGHT VIA SCHEDULED CARRIERS	\$ _____	\$ _____	\$ _____	_____
REA EXPRESS	\$ _____	\$ _____	\$ _____	_____
REA AIR EXPRESS	\$ _____	\$ _____	\$ _____	_____
CONTRACT CARRIERS	\$ _____	\$ _____	\$ _____	_____
INSURED'S OWNED OR LEASED VEHICLES*	\$ _____	\$ _____	\$ _____	N/A
*RADIUS OF OPERATIONS: _____			*NUMBER OF VEHICLES: _____	

GIVE LOSS EXPERIENCE FOR PAST THREE YEARS (INSURED AND UNINSURED)

DATE	CAUSE	AMOUNT OF LOSS
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR INSURANCE?

YES NO IF "YES" GIVE DETAILS: _____

REMARKS-COMMENTS: _____

THIS APPLICATION DOES NOT CONSTITUTE A BINDER AND INSURANCE SHALL ONLY BECOME EFFECTIVE AS OF THE DATE ADVISED BY THE COMPANY.

SIGNATURE OF APPLICANT	DATE