TENNESSEE UNDERWRITERS INC.
140 4th Avenue South
Franklin, TN 37064

(615) 791-1400
(800) 365-0646
(615) 794-7115 fax

www.tnund.com
quotes@tnund.com

ESSEX INSURANCE COMPANY

COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE INSURANCE PROPOSAL FORM

TELEPHONE NO. (804) 273-1400
FAX 804-273-1435

(ALL QUESTIONS MUST BE ANSWERED)

1. Name:	2. Address:	3. Address of Principal Terminal if other than address in Item 2.

4. Business Is:
- ☐ Common Carrier
- ☐ Contract Carrier
- ☐ Private Carrier
- ☐ Bob-Tail Operation

No. of Years in Business:

5. Full names and titles of officers, owners, partners:

6. Names of Principal Shippers:

7. Operates in States of:

8. Principal cities:

9. Radius of Operation (List no. units in each group):

Vehicle Type	50 miles	200 miles	Over
Trucks			
Tractors			
Trailers			

10. Number and Pieces of equipment - Property Carriers:

Vehicle Type	Owned Equip.	Equip. Long Term Lease From Others	Equip. Long Term Lease To Others
Trucks (other than dump)			
Tractors			
Semi-trailers			
Full Trailers			
Tank Semi-trailers			
Tank Trailers			
Refrigerated Trailers			
Service Trucks			
Private Pass. Cars			
Dump Trucks			

11. Name of present insurance carrier(s) and Policy No.:
Auto Physical Damage:

12. Are present policies being cancelled or not renewed by insurance company? ☐ **YES** ☐ **NO**

Details:

13. Types of commodities transported by property carrier (Avoid term "General Merchandise". Name principal commodities):

14. Do you own equipment other than that included in this submission? ☐ **YES** ☐ **NO**
Details in Remarks section if "Yes".

15. Do you trailer interchange equipment with other carriers? ☐ **YES** ☐ **NO**
Details in Remarks section if "Yes".

16. Description of Equipment **17. Coverage Desired**

No.	Trade Name	Year Built	Type	Serial Number	SP. Perils	COLL.	ACV	Legally Owned By
1								
2								
3								
4								
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.

All Perils Deductible requested: ☐ 500 ☐ 1,000 ☐ 2,500 ☐

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	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	YEARS OF COMM. DRIVING EXPERIENCE	EMPLOYMENT DATE

IF MORE SPACE IS NEEDED, ATTACH COMPLETE DRIVER ROSTER.

REMARKS:

_____ _____

AUTHORIZED SIGNATURE DATE

BROKER AGENT: ____

AGENT'S ADDRESS: ____