

TENNESSEE UNDERWRITERS INC.
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Essex Insurance Company
HIGH VALUE PHYSICAL DAMAGE APPLICATION

INSURED NAME			
STREET ADDRESS			
City	State	County	Zip Code
Occupation _____		Present Mileage & Estimated Miles _____	
VEHICLE INFORMATION			
Year _____			
Manufacturer _____			
Complete Model Description, including Vin # _____			
Actual Cash Value _____			
Coverage and Deductible Requested _____			
Vehicle Garaged and Construction of Garage _____			
STREET PARKING <input type="checkbox"/> YES <input type="checkbox"/> NO		ALARMED <input type="checkbox"/> YES <input type="checkbox"/> NO	
TURBO <input type="checkbox"/> YES <input type="checkbox"/> NO		BUSINESS USE <input type="checkbox"/> YES <input type="checkbox"/> NO	
LEASED <input type="checkbox"/> YES <input type="checkbox"/> NO		AUTO RACING/RALLIES <input type="checkbox"/> YES <input type="checkbox"/> NO	
		T-TOP <input type="checkbox"/> YES <input type="checkbox"/> NO	
		CONVERTIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
EXPLAIN HOW VEHICLE WILL BE USED AND RADIUS:			
NAMED DRIVERS			
1. _____ Name			_____
Age	% of Driving	_____ Driver's License Number	
Years Driving This Type of Vehicle _____			
2. _____ Name			_____
Age	% of Driving	_____ Driver's License Number	
Years Driving this Type of Vehicle _____			
DRIVING RECORD (Show Dates & Types of All Violations for the Past 3 Years or Enclose MVR's)			
1. _____			
2. _____			
INSURED LOSSES (List All Losses by Date, Type & Amount for the Past 3 Years)			
_____ Present Insuror			_____
Policy Number _____		Anniversary Date _____	
Any Prior Insurance Cancellations/Declinations <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Dates _____			
Reason for cancellations/declinations _____			
REMARKS:			
Insured's Signature: _____			Date: _____