



Robert A. Schneider Agency, Inc.

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25 Kessel Court
Suite 100
Madison, WI 53711-6277
Phone: (608) 278-9690
Toll Free: 1-888-279-3295
Fax: (608) 278-9695
E-Mail: mail@rasinc.com

Date: _____

Insured Name: _____

Agency Name and Address :

COMMENTS:

Phone _____

Fax _____

E-Mail _____

Prompt-Professional Insurance Service



NATIONAL
ASSOCIATION OF
PROFESSIONAL
SURPLUS LINES
OFFICES



ESSEX INSURANCE COMPANY

4521 Highwoods Parkway, Glen Allen, Virginia 23060-6148 P.O. Box 2010, Glen Allen, Virginia 23058-2010
 (804) 273-1400 (800) 345-3351 Fax (804) 273-1431

TRUCK CARGO PROPOSAL

SURVEY FOR INSURANCE PROPOSAL MUST BE COMPLETED AND SIGNED FOR QUOTATION TO BE TENDERED

Effective: _____

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"/> Details:				
15. Deductible(s) on Prior Policies:									
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: FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE									
Period		Premium	No.Clms	Losses Paid and Outstanding					Totals
From	To			Fire	Collision	Overturn	Theft	Other	
		\$							
		\$							
		\$							
21. DETAILS OF LARGE LOSSES:									

