



**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	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		T-TOP <input type="checkbox"/> YES <input type="checkbox"/> NO
			CONVERTIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO
			AUTO RACING/RALLIES <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	
REMARKS:			
Insured 's Signature: _____		Date: _____	