



ESSEX INSURANCE COMPANY

COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE INSURANCE

PROPOSAL FORM

(ALL QUESTIONS MUST BE ANSWERED)

Kimbrell Insurance Group
1300 Indian Wells Court
Murrells Inlet, SC 29576
(800) 849-3271 ~ Fax (800) 354-3573
www.KimbrellCompany.com

Form containing 18 numbered sections: 1. Name, 2. Address, 3. Address of Principal Terminal, 4. Business Is, 5. Full names and titles of officers, 6. Names of Principal Shippers, 7. Operates in States of, 8. Principal cities, 9. Radius of Operation, 10. Number and Pieces of equipment, 11. Name of present insurance carrier, 12. Are present policies being cancelled, 13. Types of commodities transported, 14. Do you own equipment other than that included, 15. Do you trailer interchange equipment, 16. Description of Equipment, 17. Coverage Desired, 18. Loss Experience - Past Four Years.

* If more than seven (7) vehicles are to be covered, attach complete schedule of equipment listing and the required information as indicated in questions 16 and 17 above.