



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 YES NO

ALARMED YES NO

T-TOP YES NO

TURBO YES NO

BUSINESS USE YES NO

CONVERTIBLE YES NO

LEASED YES NO

AUTO RACING/RALLIES YES 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 Yes No

Dates _____

REMARKS: _____

Insured's Signature: _____

Date: _____