



Essex

MARKEL Insurance

HIGH VALUE PHYSICAL DAMAGE APPLICATION

Company

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	T-TOP	<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	CONVERTIBLE	<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			

EXPLAIN HOW VEHICLE WILL BE USED AND RADIUS:

NAMED DRIVERS

- Name: _____
Age: _____
% of Driving: _____
Driver's License Number: _____
Years Driving This Type of Vehicle: _____
- 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)

- _____
- _____

REMARKS: _____

Insured 's Signature: _____ Date: _____