



Essex Insurance Company
MARKEL HIGH VALUE PHYSICAL DAMAGE APPLICATION

National Advantage Insurance Services Inc.
 CA License no. 0821992
 Tel (714) 505-1015 Fax (714) 505-1025

INSURED **NAME**
STREET ADDRESS

City State County Zip Code

Occupation Present Mileage & Estimated Miles

VEHICLE INFORMATION
 Year _____
 Manufacturer _____
 Complete Model Description, including Vin # _____
 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 _____
 Reason for cancellations/declinations _____

REMARKS:
 Insured 's Signature: _____ Date: _____