



# WESTERN SURPLUS LINES AGENCY, INC.

P.O. Box 6609  
Abilene, Texas 79608-6609  
(325) 695-9820  
FAX (325) 695-0371  
www.westernsurplus.com

## Application Supplement Preliminary Safety Evaluation

(This supplement to be prepared by the prospect or insured not the agent.)

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax # \_\_\_\_\_

President of Company \_\_\_\_\_ Contact Person \_\_\_\_\_

1. Number of units currently operating \_\_\_\_\_ company owned \_\_\_\_\_ company leased \_\_\_\_\_  
owner/operator \_\_\_\_\_ lease operators \_\_\_\_\_
2. Type of operation (dry van, flatbed, refrigerated, specialized, bus, etc.) \_\_\_\_\_
  - A) Interstate or interstate authority \_\_\_\_\_
  - B) Primary area of operation (48 states, East Coast, West Coast, Central or Midwest, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - C) Are driver selected or contracted backhalls (tripleases) allowed? \_\_\_\_\_
3. Who within your organizations is responsible for safety and compliance? \_\_\_\_\_
  - A) Name \_\_\_\_\_
  - B) To whom does this individual report? \_\_\_\_\_
  - C) Does this individual have the authority to hire and terminate drivers? \_\_\_\_\_
  - D) Does this individual have out of service authority for both manpower and equipment? \_\_\_\_\_
  - E) Are temporary or other carrier's drivers used? \_\_\_\_\_ How often? \_\_\_\_\_
4. Who is responsible for qualifying drivers? \_\_\_\_\_
  - A) What is a minimum acceptable age? \_\_\_\_\_
  - B) How many moving violations allowed in the past 3 years? \_\_\_\_\_
  - C) Are previous employment inquiries made as required? \_\_\_\_\_
  - D) Are written and driving tests performed as required? \_\_\_\_\_
  - E) Are annual motor vehicle record checks performed? \_\_\_\_\_
  - F) In your opinion, are your driver qualification files maintained in compliance with the Federal Motor Carriers Safety Regulations? \_\_\_\_\_
  - G) Are physical examinations and drug tests required as part of your driver hiring procedures? \_\_\_\_\_
  - H) Do you have a random drug testing program in effect? \_\_\_\_\_
  - I) Do you have any drivers that have been granted physical defect waivers? \_\_\_\_\_
  - J) Are driver's logs reviewed/validated for violations of driving time and/or speed between locations?  
\_\_\_\_\_
  - K) Are hiring qualifications for owner/operators the same as company drivers? \_\_\_\_\_

- L) How many of your drivers are currently CDL qualified? \_\_\_\_\_
5. Is there a preventative maintenance system in effect for your equipment?
- A) Are individual vehicle maintenance records kept on file? \_\_\_\_\_
- B) Do you perform periodic inspections of leased and owned equipment? \_\_\_\_\_
- C) In your opinion, are your maintenance records maintained in compliance with the Federal Motor Carriers Safety Regulations? \_\_\_\_\_
- D) Do you follow FMCSR 396.11 regarding daily driver inspection reports? \_\_\_\_\_
- E) Are drivers required to adjust their brakes? \_\_\_\_ If yes, describe the training program \_\_\_\_\_
- F) Are annual inspections made on each vehicle in accordance with Federal Highway Administration rules? \_\_\_\_\_
- G) Is there a company "out of service" criteria/policy in effect and enforced for both drivers and vehicles? \_\_\_\_\_
6. Do you maintain an accident register? \_\_\_\_\_
- A) Are separate files maintained on all accidents? \_\_\_\_\_
7. Are hazardous cargos ever transported? \_\_\_\_ If yes, describe, giving name, class and number of loads per week: \_\_\_\_\_
8. Please list cargo items most prominently transported: \_\_\_\_\_
9. Will your records and files be made available for review by the insurance company loss control representative? \_\_\_\_\_
10. Have you been inspected by the D.O.T. for safety compliance? \_\_\_\_ If yes, when? \_\_\_\_\_
- results:
- Unsatisfactory                       Conditional                       Satisfactory
11. Please add any comments you believe noteworthy:
12. Please give name, address and telephone number of person(s) to be contracted for a loss control inspection:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Completed By