



# WESTERN SURPLUS LINES AGENCY, INC.

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

## Motor Truck Cargo Application

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
Street City State Zip
3. Terminal address \_\_\_\_\_  
Street City State Zip
4. ICC Rights  Yes  No If yes, give Docket Number \_\_\_\_\_
5. Indicate state or local cargo filings required \_\_\_\_\_

### COVERAGE INFORMATION

6. Dates Coverage Desired: From \_\_\_\_\_ To \_\_\_\_\_
7. Check type of Coverage desired:  
 Covering Legal Liability on Public Truckmen  
 Covering Owner's goods on Owner's trucks
8. Form Desired:  Named Perils  Named Perils Plus Theft  All Risk
9.  Flat Rate  Gross Receipts Basis
10. Deductible:  \$250  \$500  \$1000  Other \$ \_\_\_\_\_

### DESCRIPTION OF VEHICLES

11.	Unit No.	Year	Manufactured By	Factory or Motor No.	Serial Number	Type of Body and Tonnage	Owner's I.D. Number	Limit of Liability Per Vehicle

(If not enough space, attach schedule).

### UNDERWRITING

12. Number of years in business \_\_\_\_\_
13. List ALL commodities transported \_\_\_\_\_
14. Will any high theft items ever be hauled? (i.e., Liquors, Tobaccos, Tires, Cigarettes)  Yes  No  
If yes, explain \_\_\_\_\_
15. States in which Insured operates \_\_\_\_\_
16. Principal cities in which Insured frequently travels \_\_\_\_\_
17. Radius of operation:  Local  Long Haul If Long Haul, Radius in Miles \_\_\_\_\_
18. Number of Runs per month \_\_\_\_\_
19. Gross Receipts \_\_\_\_\_
20. Annual Mileage \_\_\_\_\_

21. Are trucks ever left unattended while loaded?  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

22. Are trucks regularly garaged while on route?  Yes  No If yes, give details of security arrangements used at garage \_\_\_\_\_

\_\_\_\_\_

23. Are trucks loaded at night for early morning start?  Yes  No If yes, advise the following:

a) Garage location \_\_\_\_\_

b) Security arrangements at garage(s) \_\_\_\_\_

\_\_\_\_\_

24. Do any vehicles have open bodies?  Yes  No If yes:

Which ones are open? \_\_\_\_\_

Is open cargo tarped? \_\_\_\_\_

25. Are any vehicles fitted with alarms, two man crews, or other protective devices?  Yes  No If yes, please give brief details \_\_\_\_\_

\_\_\_\_\_

26. Prior carrier and loss history last three years:

Year	Prior Carrier	Premium	No. Of Losses	Description Of All Losses	Amount

27. Has any Carrier cancelled, declined, or refused to renew?  Yes  No If yes, provide complete details:

\_\_\_\_\_

### DRIVER INFORMATION

28. List all drivers below - if not enough space, attach a list of drivers.

Driver's Name & License Number	Date of Birth	No. of Years of Commntl. Driving Experience	Number of Years Licensed	Number & Details of Accidents	Number & Type of Violations
1.					
2.					
3.					
4.					

Agent: \_\_\_\_\_ Insured's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_