



WESTERN SURPLUS LINES AGENCY, INC.

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Automobile Physical Damage Insurance Commercial Vehicles Proposal Form

Effective Dates: _____ to _____

1. Name of Applicant _____
2. Address _____
3. Address of Principal Terminal if other than above _____

4. Radius of Operation _____ Miles between following principal cities _____

5. Type of Cargo carried _____

6. Number of Years in this business _____
7. Vehicle(s) legally owned by _____
Loss payable to _____
8. Name of previous Carrier _____
9. Name of Carrier of Public Liability and Property Damage Insurance _____

10. Has Applicant had previous Fire, Theft and Collision Automobile Insurance cancelled? Yes No
If so, state date, name of Insurance Company and reasons for cancellation _____

11. Is Vehicle(s) Owner-Driven? Yes No If drivers are employed, what investigations are made?

12. If more than one Vehicle covered, what is the estimate maximum possible terminal loss? _____

13. Amount of Deductible(s) on Collision _____
14. Will you ever use hired Equipment? Yes No
15. Will any of your Equipment be driven or operated by anyone other than you or on eof your employees? Yes No
Please explain any yes response by seperate memo.
16. Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? Yes No
If answer is "Yes", specify vehicles and state reasons why insurance is not required _____

17. Is Equipment regularly inspected and serviced, if so, at what periods? _____

18. Board Fire rate for terminal premises _____

19. Premiums and Losses sustained by applicant last five years:

Year	Premiums	LOSSES			
		Fire	Theft	Collision	Physical Loss

20. Description of Vehicle: (Specify Truck, Tractor, Trailer, Semi.)

Item No.	Trade Name	Model Year	Type (Truck, Tractor, Trailer, Semi-Trailer, Truck Type Tractor)	Serial No.	Motor No.	Gas (G) or Diesel (D)	Original Cost New Plus Equipment, Alterations and Additions	Amount of Insurance Desired
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

21. Driver Schedule: Name: _____ Birth Date: _____ D. Lic. #: _____
 Name: _____ Birth Date: _____ D. Lic. #: _____
 Name: _____ Birth Date: _____ D. Lic. #: _____
 Name: _____ Birth Date: _____ D. Lic. #: _____

(attach list for additional drivers)

22. Number Years Experience driving Commercial Autos _____

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Agent's Address: _____

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as on the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statement and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.