



APPLICATION

A. General Information

Date: _____

Applicant's Legal Name: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

FEIN #: _____ Website: _____ **Policy Effective Date:** _____

Legal Entity: Corporation / Partnership / Individual / Other: _____

Years in Business under Current Name: _____

Is the Owner Active in the business: Y / N

Have you owned a similar business or had any change in ownership, management or name of your current business in the past five years? Y / N : *If yes, please explain:* _____

Is your business a subsidiary of another entity or does your business have any subsidiaries? Y / N

If yes, please explain: _____

B. Loss History

Term	Carrier	Premium	Reserve	Paid	Expenses	Total

Any Loss over \$25,000 must be explained: _____

C. Regulatory Filings

Do you require filings? Y / N

PUC _____ / Cargo _____ / MCS-90 _____ / State Filings _____ / MC# _____

Other: _____

D. Operations

Describe all business conducted by your operations: _____

Describe the management experience, training programs and safety program:

What are the trade groups or associations that you belong to: _____

Does your business:	Y/N	%		Y/N	%
Do Auto Repair	___	___	Voluntary Repossessions	___	___
Do Auto Body Work	___	___	Involuntary Repossessions	___	___
Towing	___	___	Other (Explain)	___	___
Sell Autos	___	___	Sell Used Auto Parts	___	___
Do Salvage Work	___	___	Sell Used or Recapped Tires	___	___
Drive Away Operations	___	___	Transport Company	___	___

Other: _____

What type of repair or service work is performed? _____

What training have the mechanics or body shop workers received (Trained / Certified) _____

Storage Lot: Any cameras or alarms on storage lot? Y/N Fire Extinguishers? Y / N Sprinklers? Y / N

Are the storage lots completed fenced and lighted? Y/N Are there canines on premises? Y/N

What Financial Institutes do you have contracts with: (GMAC, Nations Bank, Bank of America, Others): _____

Total Number of vehicle recoveries:

Drive Away

Tow-Away

By employees, in the **LAST** 12 months:

By independent contractors, in the **LAST** 12 months:

Expected in the **NEXT** 12 months:

What kinds of property do you repossess ? Include percentage split (Check All That Apply)

Autos: ___ % / Tractor: ___% / Motorcycles: ___% / Construction Equipment: ___% / Heavy Equipment: ___%

Boats: ___% / Light Trucks: ___% / Heavy Trucks: ___% / Recreational Vehicles: ___% / Other: ___%

How many plates do you have issued to your company? (Not permanently affixed to a vehicle)

Dealer Plates: _____ **How are they used?** _____

Transportation Plates: _____ **Describe:** Placed on towed vehicle(describe): _____

Used to drive a vehicle (describe): _____

Repossessor Plates: _____ **How are they used?** _____

What work do you sub-contract to others? _____

All subcontractors must be identified with the company or there is NO COVERAGE. Initial Here: _____

Please list any sub-contractors used and the % of revenue that each is accountable for: _____ **% of Revenue**

1. _____

2. _____

3. _____

Do you provide or perform services as a sub-contractor to other tow truck operations, recovery agencies, forwarders, or other business operations? Y / N (Identify all or there is no coverage) If Yes, please explain :

Do you have the following:

Have a written and enforced policy regarding firearms? **Y/N**

Have a written and enforced policy for handling a 'Hostile Debtor'? **Y/N**

Require the Lending Institution to submit all recovery assignments in writing prior to recovery? **Y/N**

Have a written company procedure for inventory, storage and releasing of personal effects? **Y/N**

Have keys to all automobiles kept in a safe and secure place at all times? **Y/N**

Have a clearly defined boundary and signed business exclusion if any part of the premise is shared? **Y/N**

Have signs posted prohibiting customers in work areas? **Y/N**

Do you have canine protection? **Y/N**

What percentage of your recoveries occur during daylight hours ___% / night hours ___%

E. DRIVERS

Are all drivers your employees? Y / N

Are employees covered by workers compensation? Y/N

Do you issue any Employee or Independent Contractor a 1099? Y / N Please note on Employee schedule

Are any owner operators hired by applicant? Y / N

How many drivers have been employed over 1 year? ____

How many drivers were hired in the last 12 months? ____

How many part time employees are there? ____

List Employees Below

First Name	Last Name	Date of Birth	Year Repo Experience
Job Description	State Licensed	Driver License Number	W2 / 1099 / Other

First Name	Last Name	Date of Birth	Year Repo Experience
Job Description	State Licensed	Driver License Number	W2 / 1099 / Other

First Name	Last Name	Date of Birth	Year Repo Experience
Job Description	State Licensed	Driver License Number	W2 / 1099 / Other

First Name	Last Name	Date of Birth	Year Repo Experience
Job Description	State Licensed	Driver License Number	W2 / 1099 / Other

Please attach a second sheet if you have more than 4 employees

F. VEHICLES

Year	Make / Model	Radius	State Value	GVW
Cost New	Vin #	On-Hook	Comp	Collision
			\$500 / \$1,000 / \$2,500	\$500 / \$1,000 / \$2,500

Year	Make / Model	Radius	State Value	GVW
Cost New	Vin #	On-Hook	Comp	Collision
			\$500 / \$1,000 / \$2,500	\$500 / \$1,000 / \$2,500

Year	Make / Model	Radius	State Value	GVW
Cost New	Vin #	On-Hook	Comp	Collision
			\$500 / \$1,000 / \$2,500	\$500 / \$1,000 / \$2,500

Year	Make / Model	Radius	State Value	GVW
Cost New	Vin #	On-Hook	Comp	Collision
			\$500 / \$1,000 / \$2,500	\$500 / \$1,000 / \$2,500

If you have more than 4 vehicles, please print off another sheet and attach

G. COVERAGES

AUTO COVERAGE: Includes Drive Away Coverage

Auto Liability - \$1,000,000 combined single limits and uninsured / underinsured motorist limits provided

Medical Payments / PIP – State required limits \$5,000 limits or Other (Please list): _____

Physical Damage per Vehicle – if desired indicate on Vehicle Schedule

On-Hook Limit – Indicate on Vehicle Schedule

GENERAL LIABILITY: Includes Wrongful Repossession (E&O)

Option 1: \$1,000,000 per occurrence / \$2,000,000 aggregate

Option 2: \$1,000,000 per occurrence / \$3,000,000 aggregate

Medical Payments - \$5,000 included

GARAGEKEEPERS: Direct Primary

Lot #1: \$350,000 / \$375,000 / \$500,000 / \$1,000,000

Address: _____

Lot#2: \$350,000 / \$375,000 / \$500,000 / \$1,000,000

Address: _____

Lot #3: \$350,000 / \$375,000 / \$500,000 / \$1,000,000

Address: _____

Lot #4: \$350,000 / \$375,000 / \$500,000 / \$1,000,000

Address: _____

Additional Locations – Please print off additional sheet and complete

AVAILABLE OPTIONS: Please contact us regarding your property, bond and umbrella policies

- **Property Coverage: *Building & Business Personal Property options available***
- **Umbrella Policy: *\$1,000,000 to \$5,000,000 limits available***
- **Repossessor Bond: *\$1,000,000 Theft of Lender Property / \$50,000 Employee Dishonesty***