

Agent Name _____
 and Address _____
 Phone (____) _____ - _____

TOWING APPLICATION

GENERAL INFORMATION

 Proposed effective date ____/____/____
 Legal Name of Applicant _____
 DBA Name (if applicable) _____
 Mailing Address _____
 Applicant is Individual Joint Venture Corporation LLC Partnership Other, Describe _____
 Years In Business _____
 Inspection Contact _____ Phone (____) _____ - _____

LOCATION INFORMATION

#	Street Address, City, County, State, Zip	Use of Location
1		
2		
3		
4		
5		

**FIVE LARGEST CLIENTS FOR WHICH THE APPLICANT TOWS
 (Including policy, commercial and auto clubs)**

#	Client Name	Contract?
1		<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Yes <input type="checkbox"/> No
4		<input type="checkbox"/> Yes <input type="checkbox"/> No
5		<input type="checkbox"/> Yes <input type="checkbox"/> No

OPERATIONAL REVENUE

<input type="checkbox"/> Towing _____ %	<input type="checkbox"/> *Repossession Voluntary _____ %	<input type="checkbox"/> Salvage Yard/Auto Dismantling _____ %
<input type="checkbox"/> Service Garage-Body Shop _____ %	<input type="checkbox"/> *Repossession Involuntary _____ %	<input type="checkbox"/> Other (Describe) _____ %
<input type="checkbox"/> Service Garage-Auto Repair _____ %	<input type="checkbox"/> *Sale/Disposal of Repossessed Autos _____ %	

*if any repossession, complete Repossessor's Supplemental Application

SAFETY MANAGEMENT

1. Name and title of person in charge of the safety program: _____
2. Do you keep the following records in a Written or Electronic format at your company

<input type="checkbox"/> Safety Manual	<input type="checkbox"/> Disciplinary/Termination Policy	<input type="checkbox"/> Accident Review Policy
<input type="checkbox"/> Driver Training Manual	<input type="checkbox"/> Drug Testing Policy	<input type="checkbox"/> Vehicle Take Home Policy
3. How often do you hold safety meetings? _____
4. Do you have a NO guns policy and is it enforced? Yes No
5. Do you allow **NON EMPLOYEES** to ride along with adjusters/drivers? Yes No

DRIVER MANAGEMENT

- 1. Do you understand all new drivers must be submitted to the insurance company for approval prior to hiring? Yes No
- 2. Pre-hire Screening: Check the items you require as part of your pre-hire process?
 Employment Application Motor Vehicle Report (MVR) Check Job References
 Drug Test Physical Road Test
- 3. Check each item you maintain on your drivers Yearly MVR Yearly Physical Random Drug Test
- 4. Do ALL of your drivers meet the federal, state and local license classification requirements? Yes No
- 5. How are drivers compensated? Hourly Weekly Commission Salary 1099
- 6. How many drivers quit or were fired last year? _____
- 7. How many did you hire last year? _____
- 8. Are the drivers your employees? Yes No
a. If no, name of contractor _____
- 9. Do you use owner operators? Yes No
- 10. Do you require your drivers to take outside training courses? Yes No
a. If yes, what courses? _____

MAINTENANCE

- 1. Do you maintain the following Written or Electronic records? Maintenance Logs on Each Vehicle Vehicle Inspections
- 2. How often are vehicles inspected? Daily Weekly Monthly
- 3. Who performs the maintenance on your equipment? Independent ASE Certified Shop ASE Certified Employee
- 4. Are your vehicles subject to ANNUAL INSPECTION by the STATE? Yes No

GENERAL OPERATIONS

- 1. Do you operate out of a residence? Yes No
- 2. Do you have police band radios in wreckers? Yes No
a. If yes, explain use _____
- 3. Do you have an ownership interest or operate any other business? Yes No
a. If yes, provide name and physical address _____
b. Describe the business's operations _____
c. What is the relationship between the business indicated and the business we are being asked to insure? _____
- 4. Are you a subsidiary of another entity or does applicant have any subsidiaries? Yes No
a. If yes, name and describe _____
- 5. Any vehicles leased, loaned or rented **to or from** others? Yes No
a. If yes, describe: _____
b. Are these vehicles included in the attached schedule? Yes No
c. If no, explain why _____
- 6. Describe customized or special equipment OTHER THAN tow equipment _____
- 7. Breakout the per trip mileage for your fleet: 0-100 Miles _____% 101-300 Miles _____% Over 300 Miles _____%
- 8. Do you own or sponsor a car for racing? Yes No
- 9. Days and hours of operation _____

10. Do you have a dealer's license? Yes No
- a. Number of dealer plates: _____
- b. Are dealer plates permanently attached to any vehicle? Yes No
- c. If yes, description of vehicle _____
- d. Any personal use of the plates? Yes No
11. Do you have any transporter plates? Yes No
- a. ID#s _____
12. Do you carry Workers Compensation? Yes No
- a. Carrier and policy period? _____
13. What is the total number of vehicles you own? _____
14. Do you pick up or deliver customer's cars other than Towing? Yes No
- a. If yes, describe and include radius: _____
15. Any tire sales? Yes No
- a. If yes, receipts \$ _____
- b. How do you dispose of used tires? _____
- c. What type of tires do you sell? New Used
- d. Any tire recapping or retreading performed? Yes No
16. Do you perform any service or repair work? Yes No
- a. If yes, describe types of work performed _____
- b. Any spray painting Yes No
- i. If yes, is booth UL approved? Yes No
17. Do you do any dismantling or salvage? Yes No
- If Yes, complete the Salvage Supplemental Application
18. Do employees regularly use their own vehicles on company business? Yes No
- a. If yes, explain: _____
19. Is there any public parking on your premises for which a charge is made? Yes No
- a. If yes, number of units per month _____
- b. Monthly receipts \$ _____
20. Do you have any dogs on premises? Yes No
- a. If yes, number _____
- b. Breed(s) _____
21. If storing cars, for whom and under what circumstances are autos stored? _____
- _____
22. Any change in operation, number of vehicles in the last 3 years? Yes No
- a. If yes, please explain _____
23. Have you ever been cancelled or non-renewed? (do not answer if risk is located in MO) Yes No
- a. If yes, please explain _____
24. Do you use air bags in your towing and recovery operations? Yes No
- a. If yes, how many bags? _____

25. Do your drivers use the following to perform a tow? Safety Chains Wheel-lift Straps Towing Lights
26. Do you, at any time, perform snow plowing? Yes No
27. Have you hauled anything other than vehicles within the past 3 years (including incidental hauls)? Yes No

If yes, complete the following:

Item(s) Hauled	Value	Radius	Vehicle Used	How Often

a. Which drivers handle these operations? _____

REGULATORY FILINGS

1. Please check the box to signify filings needed: DOT Federal Filing MCS-90 Endorsement State Filing
2. Do you ever perform secondary tows of hazardous materials? Yes No
3. Do you ever move hazardous materials on a primary haul basis? Yes No
4. MC/DOT Number _____
5. State Docket Number _____
6. Are any additional filings required? _____

LOCATION SECURITY INFORMATION

Loc Num	Fenced	Fence Height (ft)	Fence Type	Gates Locked at Night	Watchman	Alarm	Average # of Cars
1	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR INSURANCE AND LOSS HISTORY

Policy Period	Insurance Company	Limits	Premium	# of Losses	Amount

ATTACH COPY OF INSURANCE COMPANY LOSS RUNS

COVERAGES AND LIMITS DESIRED

Automobile Liability	CSL	\$ _____	(up to \$1,000,000)
Hired Auto Liability	<input type="checkbox"/> Yes	Cost of Hire	\$ _____
Non-Owned Liability	<input type="checkbox"/> Yes		
Auto Medical Payments	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000		
Personal Injury Protection	(As required by state law)		
Uninsured/Underinsured Motorists	CSL	\$ _____	
General Liability	Each Occurrence	\$ _____	
	Aggregate	\$ _____	(up to 3 times)
Premises Medical Payments	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000		
Garagekeepers	Limit Location 1 Limit Location 2 Limit Location 3 Limit Location 4 Limit Location 5 Perils Deductible	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ <input type="checkbox"/> Specified Causes of Loss <input type="checkbox"/> Comprehensive <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary	Garagekeepers provides coverage for "customer's autos" left with you for service, repair, storage or safekeeping.
On-Hook/Cargo	Show limit on vehicle schedule. Limit should reflect the highest valued item "on-hook"/"in-tow"		
Additional Insured(s)	<input type="checkbox"/> Blanket AI or schedule individually		
Waiver of Subrogation			
Customer's Cargo Coverage Enhancement	<input type="checkbox"/> Yes Provides coverage for customer's cargo while in tow. See form for details.		
OHIO Stop Gap	\$ _____	Each Accident	\$ _____ Each Person Disease
Repossessor's E&O	<input type="checkbox"/> Yes		
Other coverage(s) / Options			

For Property Coverage, please attach ACORD form 140

VEHICLE SCHEDULE

Physical Damage Type: Comprehensive & Collision Specified Causes & Collision

Indicate on schedule which vehicles desire physical damage with a stated amount and deductibles supplemental schedule attached

Vehicle 1

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 2

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 3

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 4

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 5

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 6

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

FRAUD WARNINGS

KENTUCKY

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

OHIO

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

PENNSYLVANIA

"Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000."

WEST VIRGINIA

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

ALL OTHER STATES

"Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime."

Applicant understands and agrees that on any proposed addition or substitution of driver, the driver information must be submitted to the insurance company for approval prior to hire.

Applicant _____

Signature _____

Date _____