

Applicant Information

Agency			Producer			Email							
<input type="checkbox"/> New Business <input type="checkbox"/> Renewal			Today's Date			Proposed Effective Date							
Applicant DBA									Phone				
Does entity have <input type="checkbox"/> a parent company <input type="checkbox"/> any subsidiaries						Date of Entity Inception			Fax				
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other						Years Under Present Owner			Website				
Owner						<input type="checkbox"/> Active?			Phone				
Owner						<input type="checkbox"/> Active?			Phone				
Contact				Phone			Email						
Mailing Address													
City						State			Zip				
#1 Primary Location - Describe protection (fence, lights, etc.)										Yrs at this loc.			
Address													
City						State		Zip		County		Terr	
#2 Location - Describe protection (fence, lights, etc.)										Yrs at this loc.			
Address													
City						State		Zip		County		Terr	
#3 Location - Describe protection (fence, lights, etc.)										Yrs at this loc.			
Address													
City						State		Zip		County		Terr	
Associations / Trade Groups						Are you engaged in any other operation? <input type="checkbox"/> No <input type="checkbox"/> If Yes explain:							
Description of business operations, management experience, training & hiring practices:													
Loss History (four years)						Source: <input type="checkbox"/> Company <input type="checkbox"/> Insured <input type="checkbox"/> Other (ex-							
Policy #	Effective	Expira-tion	Carrier	Premium	Total Losses	Report Date	Garage Liability	Auto Liability	Physical Damage	On-hook GKLL			
Describe loss prevention policies & procedures													

Vehicle Exposures

Show driver count by age group. If bound, an itemized list of drivers accompanied by motor vehicle reports for each is required.					
<19	19-20	21-25	26-35	36-60	>60
How many drivers were hired in the last 12 months?					#
How many drivers hold commercial drivers licenses?					#
How are drivers paid?			<input type="checkbox"/> salary	<input type="checkbox"/> hourly	<input type="checkbox"/> commission <input type="checkbox"/> 1099
Except lien holders, are all vehicles solely owned by and registered to applicant?					<input type="checkbox"/> yes <input type="checkbox"/> no
Are any vehicles leased to others? If yes explain below.					<input type="checkbox"/> yes <input type="checkbox"/> no
Are any owned vehicles not to be covered? If yes explain below.					<input type="checkbox"/> yes <input type="checkbox"/> no
Are any owner/operators hired? If yes explain below.					<input type="checkbox"/> yes <input type="checkbox"/> no
Are employees allowed to take vehicles home at night?					<input type="checkbox"/> yes <input type="checkbox"/> no
Does applicant dispatch from home?					<input type="checkbox"/> yes <input type="checkbox"/> no
Are safety chains and tow lights required on every tow regardless of distance?					<input type="checkbox"/> yes <input type="checkbox"/> no
Are trucks equipped with police or fire scanners?					<input type="checkbox"/> yes <input type="checkbox"/> no
Are any voluntary or involuntary vehicle repossessions performed?					<input type="checkbox"/> yes <input type="checkbox"/> no
Are any "secondary" tows performed involving hazardous material?					<input type="checkbox"/> yes <input type="checkbox"/> no
Explain:					
Filings: <input type="checkbox"/> ICC #		<input type="checkbox"/> DMV #		<input type="checkbox"/> Other	
Number of trips per yr:	< 100 miles	101-300 miles		>300 miles	
Police impounds (illegal parking, scofflaw violations) are what % of tows?					%
Relocation tows from posted private property are what % of tows?					%
Volume discount plans (motor clubs, etc.) are what % of tows?					%
Specify types of contractual towing agreements held (motor clubs, municipalities, etc.)					

Vehicle Coverages

Coverage	Limits	Options	
Liability (CSL)		<input type="checkbox"/> Hired Cost of hire: \$	<input type="checkbox"/> Non-Owned
Misc. State Special			
PIP		<input type="checkbox"/> Statutory Minimum	<input type="checkbox"/> Reject (if allowed)
Additional PIP			
Medical Payments			
Uninsured Motorist		<input type="checkbox"/> Statutory Minimum	<input type="checkbox"/> Reject (if allowed)
Underinsured Motorist		<input type="checkbox"/> Statutory Minimum	<input type="checkbox"/> Reject (if allowed)
UM/UIM (if applicable)	<input type="checkbox"/> With Property Damage		<input type="checkbox"/> Without Property Damage
Comp/Collision	Stated Value	<input type="checkbox"/> \$500 Deductible	<input type="checkbox"/> \$1,000 Deductible <input type="checkbox"/> Refer to schedule
Dealer Plates			
Year	Tag #	Year	Tag #
Year	Tag #	Year	Tag #

Employment Practices Liability

Total Number of Employees:	#	Desired Limit:	\$
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Garage Liability Exposure

Operation Type	# of Employees	Payroll	Receipts
Towing (incl. cost of hire)			
Auto Service & Repair			
Auto Body Shop			
Service Station			
Other (describe)			

Does the applicant engage in the sale, service or repair of any of the following?

- Heavy Truck _____%
- Buses/RV's _____%
- Cycle/ATV _____%
- Truck/Tractor _____%
- Conversions _____%
- Used parts _____%
- Trailer _____%
- Boats _____%
- Propane _____%
- Emergency Vehicles _____%
- Equip. (Farm or Contractors) _____%
- Used/recapped tires _____%

Does the applicant:

- Maintain storage lots well-lighted and completely fenced?
- Keep keys to all vehicles in a safe and secure place at all times?
- Have signs posted prohibiting customers in work areas?
- Own or operate a race car?
- Operate a Car Wash?
- Operate a Salvage Yard?
- Operate a Parking Facility?

How many vehicle lien or salvage sales did the applicant engage in last year?	#
Describe the training and certification which the mechanics and auto body workers have received:	
How many employees are ASE certified?	#
Describe the use and breed of any dogs on all premises:	

Garage Liability Coverages

Liability Limit	CSL	Aggregate	Premises Med Pay Limit
GKLL Limit	Location 1	Location 2	Location 3
Dealers Open Lot	Location 1	Location 2	Location 3
Collision & Other-Than-Collision Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000			
<input type="checkbox"/> Broad Form Products <input type="checkbox"/> Odometer E&O? <input type="checkbox"/> Truth in Lending E&O? <input type="checkbox"/> Title E&O?			
<input type="checkbox"/> Broadened Coverage (incl. Fire Legal) Fire Legal Liability? <input type="checkbox"/> \$50,000 limit <input type="checkbox"/> \$100,000 limit <input type="checkbox"/> \$300,000 limit			
Comments			

Inland Marine – Misc. Towing & Recovery Equip.

Blanket Limit	\$	(not including employee tools or scheduled equipment)
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Property Coverages

Location #	Yr Built / Yr Updated	Construction Type:	Protection Class:
Building #	# of Stories	Square Feet:	Valuation: ACV / Replacement cost
Coverage	Limits	Options	
Building		<input type="checkbox"/> Special Form?	<input type="checkbox"/> ACV? <input type="checkbox"/> \$1,000 Ded?
Contents		<input type="checkbox"/> Special Form?	<input type="checkbox"/> ACV? <input type="checkbox"/> \$1,000 Ded?
Business Income		<input type="checkbox"/> Include?	
Extra Expense		<input type="checkbox"/> 25% Co Ins. – Monthly Limit: \$	
Employee Tools		<input type="checkbox"/> Scheduled Equipment? (attach schedule with stated values)	
<input type="checkbox"/> Include Equipment Breakdown Coverage?		<input type="checkbox"/> Central Station Alarm?	
Comments - Include updates for wiring, plumbing, roof or any other updates			

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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.

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, person characteristics and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Applicant's Signature

Date Signed

Producer's Signature

Date Signed

- Are you personally familiar with this Applicant's operation?
- Do you currently control this account?

Vehicle Schedule

vehicle #	year	make	model	gvw/gcw/capacity	stated value	average radius
garage location #	vin # (17 digits)			comp/coll ded.	on-hook limit	on-hook ded.
vehicle #	year	make	model	gvw/gcw/capacity	stated value	average radius
garage location #	vin # (17 digits)			comp/coll ded.	on-hook limit	on-hook ded.
vehicle #	year	make	model	gvw/gcw/capacity	stated value	average radius
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garage location #	vin # (17 digits)			comp/coll ded.	on-hook limit	on-hook ded.
vehicle #	year	make	model	gvw/gcw/capacity	stated value	average radius
garage location #	vin # (17 digits)			comp/coll ded.	on-hook limit	on-hook ded.
vehicle #	year	make	model	gvw/gcw/capacity	stated value	average radius
garage location #	vin # (17 digits)			comp/coll ded.	on-hook limit	on-hook ded.

Applicant Initials

DATE

Agents Initials

DATE

Schedule of Drivers & Mechanics

first name	m.i.	last name	date of birth	<input type="checkbox"/> Excluded Driver	
<input type="checkbox"/> Driver <input type="checkbox"/> Mechanic	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	date of hire	driver license	state	class years licensed
first name	m.i.	last name	date of birth	<input type="checkbox"/> Excluded Driver	
<input type="checkbox"/> Driver <input type="checkbox"/> Mechanic	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	date of hire	driver license	state	class years licensed
first name	m.i.	last name	date of birth	<input type="checkbox"/> Excluded Driver	
<input type="checkbox"/> Driver <input type="checkbox"/> Mechanic	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	date of hire	driver license	state	class years licensed
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first name	m.i.	last name	date of birth	<input type="checkbox"/> Excluded Driver	
<input type="checkbox"/> Driver <input type="checkbox"/> Mechanic	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	date of hire	driver license	state	class years licensed
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<input type="checkbox"/> Driver <input type="checkbox"/> Mechanic	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	date of hire	driver license	state	class years licensed

Additional Information

name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
additional description, limitations, or other information			location # building(s)
address			
city	state	zip	vehicle numbers(s)
name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
additional description, limitations, or other information			location # building(s)
address			
city	state	zip	vehicle numbers(s)
name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
additional description, limitations, or other information			location # building(s)
address			
city	state	zip	vehicle numbers(s)
name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
additional description, limitations, or other information			location # building(s)
address			
city	state	zip	vehicle numbers(s)
name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
additional description, limitations, or other information			location # building(s)
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