

Tow Truck Supplement

COLUMBIA INSURANCE COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF MID-AMERICA
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL LIABILITY & FIRE INSURANCE COMPANY



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SierraSpecialty

Policy Term From: _____ To _____

**This Supplement is a part of the Application and will be relied upon
by the Company as an integral part of the Application.**

IN TOW COVERAGE (To provide coverage on nonowned autos* towed by rollbacks or wreckers)

- 1) Limit Per Vehicle \$ _____ Deductible Per Auto 500 1,000 Other: _____
- 2) Number of Scheduled Tow Trucks: _____
- 3) Are Tractor/Trailer Combinations towed? Yes No
- 4) Maximum # of Units (Including Trailers) Towed/Hauled by any one Power Unit: _____

*If hauling owned units, cargo applies.

STORAGE LOCATION (Specified Causes of Loss and Collision)

- 1) Limit of Liability Per Location: \$ _____ Deductible Per Auto 500 1,000 Other: _____
- 2) Number of Locations: _____
- 3) Maximum Number of Customers' Autos Stored: _____
- 4) Maximum Limit of any one Covered Auto: \$ _____
- 5) Are Customers' cars stored overnight? Yes No
- 6) Is yard fenced and lighted? Yes No
- 7) Where are keys to customers' cars kept? _____

AUTO REPOSSESSORS (Only fill out if repossessions are performed)

- 1) What % of towing operation involves repossession: _____ %
- 2) How are vehicles repossessed? Describe procedure in detail.

- 3) Are any vehicles driven away? Yes No If yes, list # of repo plates and plate number: _____
List drivers: _____
Is physical damage coverage requested on vehicles driven away? Yes No Limit: \$ _____
Deductible Per Auto 500 1,000 Other: _____
- 4) Are any independent contractors/subcontractors used? Yes No
- 5) How many vehicles did you repo last year? By Tow Truck _____ By Drive Away _____ Subcontractor _____
- 6) Estimate % of repos that are:

Private Passenger Autos	_____ %
Light Commercial Trucks	_____ %
Heavy Commercial Trucks	_____ %
Commercial Trailers	_____ %
Other (Describe)	_____ %
	100 %
- 7) Estimate % of repos that are: Voluntary _____ % Involuntary _____ %
- 8) Does applicant or any employees carry firearms? Yes No
- 9) Are Police notified? Yes No Do they ever accompany you on a repossession? Yes No
If yes, before or after the fact? _____
- 10) List primary customers for which you repossess:

Tow Truck Operators Supplemental Application

(Complete in addition to the Commercial Automobile Application)

Applicant's Name: _____

1. Indicate type of operations conducted.

- Towing only
 Body Shop/Tow
 Auto Repair/Tow
 Salvage/Tow
 Sales of Automobiles
 Other—Describe: _____

2. Number of employees hired in the last twelve (12) months: _____

3. Percentage of Towing

Dealerships _____%	Emergency Scanners _____%
Emergency Road Service _____%	Garages _____%
Impound _____%	Non-Consent Towing _____% (Abandoned Vehicle, Illegal Parking, etc.)
Municipal Contracts _____%	Motor Club Contracts _____%
Police Rotation _____%	Rental Car Contracts _____%
Repossession _____%	Telephone Requests _____%
Voluntary _____%	
Involuntary _____%	
Other _____%	Describe: _____

4. Type of Vehicles Towed:

Private Passengers/Pick-ups _____%	Heavy/Extra Heavy Truck-Tractors/Trailers _____%
Motor Homes _____%	Non-Auto (Watercraft, Heavy Equipment, etc.) _____%
Specialized _____%	Describe: _____

5. Does the insured do repossession? _____

6. Are passengers allowed to ride in your vehicle? Yes No

7. Are customers allowed to ride in their vehicle while being towed? Yes No

8. Do you operate on a 24/7 basis? Yes No

9. Any guaranties, warranties, hold harmless or waiver of subrogation agreements? Yes No

If "Yes," explain: _____

10. Do employees use any vehicles for personal use? Yes No

11. Have all drivers received certification from an accredited school, such as AAA, CTTA, etc.? Yes No

12. Are vehicles/equipment loaned or rented to others? Yes No

13. Are vehicles equipped with alarms? Yes No

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)