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RECOVERY

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____ **Applicant's SS# or FEIN:** _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

If no, how many years has the business been established? _____

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Completed Claims and Loss History form attached (REQUIRED)? Yes No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Limit of Liability: (Auto limits and operations limits must be the same).

- | | | |
|-----------------------|------------|-------------------------------|
| | Operations | Commercial Auto and Tow Truck |
| <input type="radio"/> | \$100,000 | \$100,000 |
| <input type="radio"/> | \$300,000 | \$300,000 |

- \$500,000 \$500,000
- \$750,000 \$750,000
- \$1,000,000 \$1,000,000

Limit of Garage Keepers Legal Liability (GKLL):

- | | |
|---|--|
| On premises listed in this application: | Off premises—other locations not under your control: |
| <input type="radio"/> \$25,000 | <input type="radio"/> \$25,000 |
| <input type="radio"/> \$50,000 | <input type="radio"/> \$50,000 |
| <input type="radio"/> \$100,000 | <input type="radio"/> \$100,000 |
| <input type="radio"/> \$300,000 | <input type="radio"/> \$300,000 |

In Tow (On Hook):

- \$25,000
- \$50,000
- \$100,000

Cargo Limit:

The transporting of equipment on a trailer or flatbed tow vehicle:

- \$25,000
- \$50,000
- \$100,000

Drive-Away Liability and Physical Damage to Vehicles Driven – Physical Damage Limits:

- | | |
|--|---|
| <u>Employee Only</u> , Named Operators Coverage Only | <u>Independent contractors</u> , Named Operator Coverage Only |
| <input type="radio"/> \$25,000 | <input type="radio"/> \$25,000 |
| <input type="radio"/> \$50,000 | <input type="radio"/> \$50,000 |
| <input type="radio"/> \$100,000 | <input type="radio"/> \$100,000 |

3rd Party liability coverage is the same limit as the Commercial Auto liability limit selected above.

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

E. Business Activities

1. Total number of vehicle recoveries:

	Drive-Away	Tow-Away
By employees, in the <u>last</u> 12 months:		
By independent contractors, in the <u>last</u> 12 months:		
Expected in the <u>next</u> 12 months:		

2. All other services income:

Physical Repair (Auto Body) of Vehicles – Gross Income	\$
Mechanical Repair and Service to vehicles (tune up, radiator, air-conditioning, lube and oil, muffler, brakes, engine rebuilding)-Gross Income.	\$
Storage of Vehicles – Gross Income	\$
Used Car Sales – Gross Sales	\$
Leased Auto Sales	\$
Tire Sales and Service Gross sales	\$
Other (please explain):	\$

3. Do you operate as:

- a. A towing service company? Yes No
- b. An auto drive-away service company? Yes No
- c. A transport company? Yes No
- d. A recovery or repossession agency? Yes No

4. How many of each do you have issued to your agency:

- a. Dealer plates: _____
How are they used? _____
- b. Transportation plates: _____
How are they used? _____
- c. Repossessor plates: _____
How are they used? _____

5. Indicate annual gross income from:

Annual gross income from direct employer/employee operation	\$	%
Annual gross income developed from independent contractor adjuster services	\$	%

6. What work do you sub-contract to others? _____

7. Do you request certification of liability forms from all sub-contractors or independent contractors, where your firm is listed as an Additional Named Insured? Yes No

8. Do you provide or perform services as a sub-contractor to other tow truck operators, recovery agencies, or other business operations? Yes No

If yes, please explain: _____

9. Number of vehicles operated this year: _____

- a. How many owned vehicles are assigned 24 hrs. to an employee and used to and from work and personal use? _____

b. Please complete a commercial automobile vehicle and equipment schedule:

UNIT NO.	1	2	3	4
Year				
Make				
Body Type				
Serial Number				
Max. Gross Weight Capacity				
Describe Use of Vehicle or Equipment				
Actual Odometer Reading				
Garage Location				
Actual Cash Value (current market less depreciation)	\$	\$	\$	\$
Annual Miles Driven				

10. Radius of operations (show percentage of total miles driven):

a. 0-49 miles: _____% 50-200 miles: _____% 201 miles and up: _____%

11. Employee breakdown—list the number of employees who are:

Licensed Drivers	
Office Employees	
Service Employees	

Recovery and Repossessions

12. What kinds of property do you repossess? (check all that apply)

- Construction Equip.
 Tractor/trailer
 Heavy Equip.
 Autos
 Motorcycles
 Boats
 ATV's
 Household items/appliances/furniture/electronics/jewelry
 Other: _____

13. What percentage of recovery operations are associated with contracts: _____%

14. Are adjuster or recovery agents required to be licensed or registered in your state? Yes No

15. Is a policy report required in your state on all recoveries and repossessions? Yes No

16. Are personal effects and personal property of others recovered, and a complete and accurate inventory made of all items? Yes No

a. How are personal property and effects returned to their owners? _____

b. What is done with deadly weapons, dangerous drugs, or prescription drugs found in the personal effects and property that are removed for inventory? _____

17. Do you repossess and recover vehicles or property which is being retained by others, under a garage man's lien? Yes No

If yes, explain procedures: _____

18. Do you have Interstate Commerce Commission (ICC) authority? Yes No

If yes,

a. What is the ICC Docket Number? _____

b. List states in which you have operating authority: _____

19. Do you loan vehicles or equipment to customers? Yes No

20. Do you permit others to use or personally use customer-repossessed vehicles for personal use?

Yes No

Note: Coverage is excluded for personal use of non-owned customer vehicles

21. Provide a copy of your training program, bid and job contract, customer release of liability form, and a copy of your yellow page ad, if applicable to your business operations.

22. Do you have a written equipment maintenance program? Yes No

23. Is each unit equipped with fire extinguishers? Yes No

24. Are bodies of all trucks and trailers completely closed and equipped with snap locks? Yes No

25. Are trucks equipped with Babaco Alarms? Yes No

If no, other alarm used: _____

26. Are loaded trucks ever left unattended? Yes No

27. Please answer the following questions related to recover tow truck operations and service vehicles connected with your business:

a. Do you use air bags? Yes No

b. Do you always use safety chains? Yes No

c. Are you equipped with wheel lifts? Yes No

d. Do you lift or haul other than vehicles? Yes No

If yes, please explain: _____

28. Where are keys to customer vehicle kept? _____

29. What is the company policy regarding handling of keys? _____

30. What are the circumstances for relinquishing vehicles? _____

31. What are your daily hours of operation? _____

32. How are vehicles towed and disposed of? _____

33. Are plates ever provided to other than your employees? Yes No

If yes, please explain: _____

34. Does your operation extend into or through any of the following? If so, check the appropriate city:

- | | | | | |
|----------------------------------|-------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Chicago | <input type="checkbox"/> Jacksonville, FL | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Jersey City | <input type="checkbox"/> Minneapolis | <input type="checkbox"/> Toronto |

- | | | | | |
|--------------------------------------|------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Montreal | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Birmingham | <input type="checkbox"/> Dallas | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Nashville | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Denver | <input type="checkbox"/> Louisville | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Youngstown |
| <input type="checkbox"/> California | <input type="checkbox"/> Detroit | <input type="checkbox"/> Memphis | <input type="checkbox"/> New York | <input type="checkbox"/> _____ |
| (Excl. L.A.&S.F.) | <input type="checkbox"/> D.C. | <input type="checkbox"/> Metro-New York | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Chattanooga | <input type="checkbox"/> Houston | <input type="checkbox"/> Miami | <input type="checkbox"/> San Francisco | <input type="checkbox"/> _____ |

35. Maximum number of working hours permitted any one driver during a 24-hour period: _____

36. Do you provide Workers' Compensation for all employees, including drivers? Yes No

37. For cargo, in-tow, on-hook, and garage keeper's legal liability coverage, please answer the following questions:

a. Average value in storage locations: _____

b. Maximum value in storage, at any one time, per any one location:

Location 1	\$	Location 4	\$
Location 2	\$	Location 5	\$
Location 3	\$	Location 6	\$

38. Are the tow trucks or service vehicles that are used for towing equipped with a transformer or dynamic towing system, or similar automatic hook-up capability? Yes No

39. Do you transport any caustic, radioactive, or flammable cargo? Yes No

If yes, explain: _____

40. Do you lease equipment for short periods of time from others? Yes No

If yes, explain: _____

41. Do you haul for other business operations? Yes No

If yes, explain: _____

42. Do you operate under anyone else's permit or authority? Yes No

If yes, explain: _____

43. Do you operate under your permit or authority? Yes No

If yes, explain: _____

44. How are your drivers compensated? _____

45. Are vehicles left loaded at night? Yes No

If yes, explain: _____

46. Are trucks with cargo required to be emptied prior to towing? Yes No

If no, explain: _____

47. Drive Away coverage. Only named driver coverage is available, and this excludes test drive services.

a. Employees only: Is drive away liability and physical damage (not in-tow or on-hook) coverage required for:

1. Pickup of vehicles and transportation to a storage site? Yes No

2. Delivery of vehicles from the original storage location to another site? Yes No

3. Potential test drives, i.e. independent buyers, car lot, etc., which involve the sale of repossessed goods? Yes No

- b. Independent contractor adjuster only: Is drive-away physical damage coverage required for:
1. Pickup of vehicles? Yes No
 2. Delivery of vehicles from the original storage location to another site? Yes No

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name