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## REPOSSESSION / TOWING

Proposed effective date: \_\_\_\_\_ When is the quote needed by?: \_\_\_\_\_

Are you working with an agent/broker?  Yes  No

Producer name: \_\_\_\_\_ Producer phone number: \_\_\_\_\_

Producer e-mail: \_\_\_\_\_

### A. General Information

Applicant's name: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have more than one location?  Yes  No

Physical address of business if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this a new business?  Yes  No

Date business started: \_\_\_\_\_ Years in business: \_\_\_\_\_

Please list the business owners and decision makers involved in the business:

Name	Role	Contact Number	E-mail Address

Annual payroll: \$ \_\_\_\_\_ Annual gross receipts: \$ \_\_\_\_\_

Does the insured have any contract requirements? (If yes, please attach a copy)  Yes  No

**B. Insurance History**

Why is the insured seeking new coverage?: \_\_\_\_\_

What is the target premium?: \_\_\_\_\_

Is the current insurance carrier offering a renewal quote?  Yes  No

If yes, please provide the premium offered: \_\_\_\_\_ If no, explain: \_\_\_\_\_

Current coverage/company information:

Company name			
Coverage			
Limits			
Annual premium	\$	\$	\$

Provide names for all insurance companies that have provided applicant insurance for the last three years:

Company name			
Expiration date			
Annual premium	\$	\$	\$
Limits			
Coverage type			

Are any other markets offering coverage?  Yes  No

If no, please explain: \_\_\_\_\_

If yes, please provide limits, coverage and premium: \_\_\_\_\_

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

Policy term		Paid claims	Reserved claims	Total incurred claims
From	To			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

**Attach/ upload a five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).**

Are you aware of any incident, event, or occurrence, loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier?  Yes  No

If yes, please explain: \_\_\_\_\_

**C. Desired Insurance**

**Auto Liability:**

Is auto liability coverage needed at this time?

Yes  No

If yes, please select:

Per person/per act/property damage                      CSL

<input type="checkbox"/>	\$100,000/\$250,000/\$100,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$250,000/\$500,000/\$250,000	<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$500,000/\$1,000,000/\$500,000	<input type="checkbox"/>	\$1,000,000
<input type="checkbox"/>	other:	<input type="checkbox"/>	\$ _____

**Limit of Garage Liability:**

Per Accident/ Aggregate                      Per Person / Per Accident/ Aggregate

<input type="checkbox"/>	\$25,000/\$75,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$50,000/\$100,000/\$300,000
<input type="checkbox"/>	\$100,000/\$300,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$500,000/\$1,000,000/\$2,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Is **Garage Keeper's** coverage needed?

Yes  No

(Physical damage for customer's vehicles in the named insured's care, custody and control):

If yes, please select:

- Legal liability basis (GKLL)
- Direct primary basis (GKDP)

\*Please complete the below table for needed GKLL/GKDP

	Average number of vehicles at any one time	Maximum number of vehicles at any one time	Average value per vehicle	Maximum value per vehicle	Average value in storage at any one time	Maximum value in storage at any one time
Location 1			\$	\$	\$	\$
Location 2			\$	\$	\$	\$
Location 3			\$	\$	\$	\$

**Contractual Liability Indemnification (Employee Dishonesty Only):**

Is **Contractual Liability Indemnification (Employee Dishonesty Only)**

coverage needed?

Yes  No

If yes, please select:

- \$100,000
- \$300,000
- \$500,000
- \$1,000,000

**Wrongful Repo:**

Is **Wrongful Repo** coverage needed?

Yes  No

If yes, please select:

- \$100,000
- \$300,000
- \$500,000
- \$1,000,000
- Other: \_\_\_\_\_

**In Tow (On Hook):**

Is **In Tow (On Hook)** coverage needed?

Yes  No

If yes, please select:

- \$25,000
- \$50,000
- \$100,000
- Other: \_\_\_\_\_

**Cargo** – The transporting of equipment on a trailer, or a flatbed truck:

<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	\$50,000
<input type="checkbox"/>	Other:

**Drive-Away Physical Damage to Vehicles Driven–Physical Damage Limits: Over the road Physical Damage**

Employee Only, named operators coverage only

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

Total number of repossessions or tows – must provide a number (percentages will not be accepted)

<b>By exposure:</b>	<b>Drive-away</b>	<b>Tow-away (consent/ non-consent)</b>	<b>Repo tow-away</b>
Estimated by company employees:			
Estimated by independent contractors:			
Total for the next 12 months:			

**D. Business Activities**

Annual gross receipts by operations:

Annual gross income for recoveries	\$
Annual gross income for towing	\$
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:	\$

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

Transportation plates: \_\_\_\_\_

How are they used? \_\_\_\_\_

Repossessor plates: \_\_\_\_\_

How are they used? \_\_\_\_\_

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

Construction equipment  Tractor/Trailer  Heavy equipment  Autos  Motorcycles  Boats

ATV's  Household items/appliances/furniture/electronics/jewelry  Other: \_\_\_\_\_

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

How are personal property and effects returned to their owners? \_\_\_\_\_

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

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

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: \_\_\_\_\_

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

0–50 miles: \_\_\_\_\_% 51–100 miles: \_\_\_\_\_% 101–200 miles: \_\_\_\_\_% 201+ miles: \_\_\_\_\_%

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

If yes,

What is the ICC Docket Number? \_\_\_\_\_

List states in which you have operating authority: \_\_\_\_\_

Form E  Form H  Other: \_\_\_\_\_

**Provide a copy of your training program, bid and job contract, customer release of liability form.**

Do you have a written equipment maintenance program?  Yes  No

Are loaded trucks ever left unattended?  Yes  No

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

Do you use air bags?  Yes  No

Do you always use safety chains?  Yes  No

Are you equipped with wheel lifts?  Yes  No

Do you lift or haul other than vehicles?  Yes  No

If yes, please explain: \_\_\_\_\_

Where are keys to customer vehicles kept? \_\_\_\_\_

What is the company policy regarding handling of keys? \_\_\_\_\_

What are the circumstances for relinquishing vehicles? \_\_\_\_\_

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

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

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

If yes, explain: \_\_\_\_\_

**OPERATOR SCHEDULE**

**An electronic list is mandatory for lists that exceed four drivers or four vehicles.**

Applicant's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For each driver, complete the following and attach a copy of the driver's MVR and license.

**Driver # \_\_\_\_\_** Driver name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/accidents/claims: \_\_\_\_\_

**Driver # \_\_\_\_\_** Driver name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/accidents/claims: \_\_\_\_\_

**Driver # \_\_\_\_\_** Driver name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/accidents/claims: \_\_\_\_\_

**Driver # \_\_\_\_\_** Driver name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/accidents/claims: \_\_\_\_\_

**If any driver(s) should be specifically excluded from the policy, please attach a separate list.**

**If available, please attach a copy of the MVR and driver's license for each driver.**

**NOTE:** Driver and vehicle information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

**Vehicle Schedule**

Insured/Applicant's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Medallion number: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License state		Radius	
City, state, zip where garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License state		Radius	
City, state, zip where garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License state		Radius	
City, state, zip where garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License state		Radius	
City, state, zip where garaged					
Actual Cash Value			GVW/GCW		



**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