



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 800-478-9880

RECOVERY

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Contact Person: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Cell Number: _____

Physical Location of Business (if different):

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

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

Producer's Name: _____ Producer's Contact: _____

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

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

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

Limits of Liability:

- \$50,000/100,000/300,000
- \$100,000/300,000/500,000
- \$100,000/300,000/1,000,000
- \$150,000/300,000/300,000
- \$150,000/300,000/1,000,000
- \$100,000/250,000/1,000,000
- \$250,000/500,000/1,000,000
- \$250,000/750,000/1,000,000
- \$250,000/1,000,000/1,000,000
- \$250,000/1,000,000/2,000,000

Limit of Garage Keeper's Legal Liability (GKLL):

On premises listed in this application:

- \$25,000
- \$50,000
- \$100,000
- Other: _____
- Direct Primary

Contractual Liability Indemnification (Employee Dishonesty Only):

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

In Tow (On Hook):

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

Cargo Limit:

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

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

1. For 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	Max value per vehicle
Location 1	\$	
Location 2	\$	
Location 3	\$	

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

3rd Party liability coverage and auto liability coverage is the same limit as the Commercial Liability limit selected above.

2. Total number of repossessions: _____

By Exposure:	Drive-Away	Tow-Away
By employees in the last 12 months:		
By independent contractors in the last 12 months:		
Expected in the next 12 months:		

3. Drive Away coverage: Only named driver coverage is available.

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

- i. Pickup of vehicles and transportation to a storage site? Yes No
- ii. Delivery of vehicles from the original storage location to another site? Yes No
- iii. Potential test drives, i.e., independent buyers, car lot, etc., which involve the sale of repossessed goods? Yes No

E. Business Activities

1. 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):	\$

2. 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

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

a. Transportation plates: _____
How are they used? _____

b. Repossessor plates: _____
How are they used? _____

4. 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: _____

5. What percentage of recovery operations is associated with contracts? _____%
6. Is a police report required in your state on all recoveries and repossessions? Yes No
7. Are personal effects and personal property of other 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? _____

- c. 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: _____

8. 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.

9. Indicate annual gross income from:

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

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

Licensed Drivers	
Office Employees	
Service Employees	

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

12. 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
13. 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: _____

14. 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? _____
15. Radius of operations (show percentage of total miles driven):
 0-50 miles: _____% 51-100 miles: _____% 101-200: _____% 201+: _____%
16. 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: _____

 c. Form E Form H Other: _____
17. Do you loan vehicles or equipment to customers? Yes No
 Note: Coverage is excluded for personal use of non-owned customer vehicles
18. 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.
19. Do you have a written equipment maintenance program? Yes No
20. Is each unit equipped with fire extinguishers? Yes No
21. Are bodies of all trucks and trailers completely closed and equipped with snap locks? Yes No
22. Are trucks equipped with Babaco Alarms? Yes No
 If no, other alarm used: _____
23. Are loaded trucks ever left unattended? Yes No
24. 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: _____
25. Where are keys to customer vehicles kept? _____
26. What is the company policy regarding handling of keys? _____

27. What are the circumstances for relinquishing vehicles? _____

28. What are your daily hours of operation? _____
29. How are vehicles towed and disposed of? _____

30. Are plates ever provided to other than your employees? Yes No
 If yes, please explain: _____

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

32. Do you provide Workers' Compensation for all employees, including drivers? Yes No
33. 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
34. Do you transport any caustic, radioactive, or flammable cargo? Yes No
If yes, explain: _____
35. Do you lease equipment for short periods of time from others? Yes No
If yes, explain: _____
36. Do you haul for other business operations? Yes No
If yes, explain: _____
37. Do you operate under anyone else's permit or authority? Yes No
If yes, explain: _____
38. Do you operate under your permit or authority? Yes No
If yes, explain: _____
39. How are your drivers compensated? _____

40. Are vehicles left loaded at night? Yes No
If yes, explain: _____
41. Are trucks with cargo required to be emptied prior to towing? Yes No
If no, explain: _____

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

OPERATOR SCHEDULE

An electronic list is mandatory for lists that exceed 4 drivers or 4 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		