



8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 877-585-2853 • Fax 877-585-2854

TOWING/REPOSSESSION

A. General Information

Proposed effective date: _____

Business name: _____

Applicant's name: _____

Business mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ County: _____

Business telephone number: _____ Fax: _____

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: _____

Does the applicant or its owners, officers or employees have any ownership interest in any other business entity that engages in commercial auto operations? Yes No

If yes, please provide details: _____

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

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

What year was the business established? _____

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

Name	Position/Title	Contact Number (please include cell #)	E-mail Address

Please list any trusted advisors of the business, this can include industry advisors or legal advisors: _____

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

Claims History Summary				
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. C. Desired Insurance

Auto Liability:

Per person/Per Accident/Property Damage Per Accident (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"/> Other:

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

Uninsured/Underinsured Motorists: Yes No Statutory Limits \$ _____

Personal Injury Protection (PIP) – no fault- Yes No Statutory Limits \$ _____

Physical Damage Coverage: (please pick one of the 2 options)

Specified Perils Comprehensive* Collision

**Comprehensive may not be available in all markets*

Physical Damage Deductible: \$1,000 \$2,500 \$5,000 Other: \$ _____

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

Owned/Leased Autos: _____ Owner/Operators _____

Rollback: _____ Wrecker: _____ Tractors: _____ Other: _____

Transportation plates: _____

How are they used? _____

Repossession plates: _____

How are they used? _____

(Please complete the schedule below or provide an excel schedule for 5 or more autos)

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

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

Garage Liability:

Per Accident/ Aggregate

Per Person / Per Accident/ Aggregate

<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"/> \$300,000/\$600,000	<input type="checkbox"/> \$250,000/\$500,000/\$1,000,000
<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$250,000/\$1,000,000/\$2,000,000
<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$500,000/\$1,000,000/\$2,000,000
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Garage Keeper's - Physical damage for customer's vehicles in the named insured's care, custody and control:

Please select one:

- 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)

- \$100,000
- \$500,000
- \$1,000,000
- Other: _____

Wrongful Repo Coverage: (Professional)

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

In Tow/Cargo Coverage:

On Hook – transporting vehicles using a wrecker or similar equipment– coverage is for a vehicle hauled where two wheels remain on the ground:

How many autos in your fleet require this coverage? _____

Select Limit:

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

Cargo – The transporting of equipment on a trailer, or a flatbed truck – coverage is for a vehicle hauled where all four wheels are off the ground:

How many autos in your fleet require this coverage? _____

Select Limit:

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

Over the Road Physical Damage – Drive-Away Physical Damage to vehicles driven:

Select Limit:

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

Filings/Requirements

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

Does the insured have any Additional Insureds, Waiver of Subrogation, or Primary Noncontributory requirements?

If yes, please provide a schedule outlining what is needed per certificate Yes No

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: _____

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

If yes, explain: _____

D. Business Activities

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

By exposure:	Towing Tow-away	Drive Away Repossession	Tow-away Repossession
Estimated by company employees:			
Estimated by independent contractors:			
Total for the next 12 months:			

Annual Gross Receipts by Operations:

Category	Annual Gross Receipts	Percentage of work
Annual gross income for Recoveries	\$	
Annual gross income for Towing	\$	
Physical repair (auto body) of vehicles	\$	
Mechanical Repairs/Service Performed Roadside	\$	
Storage of vehicles	\$	
Other:	\$	

What Roadside Repairs or Service are you performing (please list all): _____

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: _____

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 allow customers to ride in your autos? Yes No
- Do you tow tractors with loaded or attached trailers? Yes No
- Do you tow trailers only? Yes No
- Do you transport any caustic, radioactive, or flammable cargo? Yes No
- Do you provide Workers' Compensation for all employees, including drivers? Yes No

DRIVER SCHEDULE

An electronic list is mandatory for lists that exceed five drivers. Driver information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

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	CDL (YEARS)

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	CDL (YEARS)

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	CDL (YEARS)

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	CDL (YEARS)

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	CDL (YEARS)

Violations/accidents/claims: _____

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

Vehicle Schedule

An electronic list is mandatory for lists that exceed five vehicles. Vehicle information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	<input type="checkbox"/> Rollback <input type="checkbox"/> Flatbed <input type="checkbox"/> Other: _____ <input type="checkbox"/> equipped wheel lift			On Hook /Cargo Limit		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	<input type="checkbox"/> Rollback <input type="checkbox"/> Flatbed <input type="checkbox"/> Other: _____ <input type="checkbox"/> equipped wheel lift			On Hook /Cargo Limit		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	<input type="checkbox"/> Rollback <input type="checkbox"/> Flatbed <input type="checkbox"/> Other: _____ <input type="checkbox"/> equipped wheel lift			On Hook /Cargo Limit		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	<input type="checkbox"/> Rollback <input type="checkbox"/> Flatbed <input type="checkbox"/> Other: _____ <input type="checkbox"/> equipped wheel lift			On Hook /Cargo Limit		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	<input type="checkbox"/> Rollback <input type="checkbox"/> Flatbed <input type="checkbox"/> Other: _____ <input type="checkbox"/> equipped wheel lift			On Hook /Cargo Limit		
	Garaging location					

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