

TOW TRUCK & GARAGE- INSURANCE APPLICATION

Applicant's Legal Name:		Effective Date of Coverage:
Mailing Address:		Years in Business:
Owners Name:	Inspection Contact: Phone:	Federal ID Number OR SS#:

LOCATION INFORMATION

Number	Street, City, County, State, Zip Code	Use of Location / How Occupied
1		
2		

Auto Liability Coverage:

1. **Limit:** \$300,000 \$500,000 \$750,000 \$1,000,000 / or Specify: _____

Garage Keepers Coverage: Please provide the details of each storage facility.

Loc.1. Limit: \$ _____ Loc.2. Limit: \$ _____

Storage Facility:

	Location 1		Location 2	
	Yes	No	Yes	No
2. Do you provide public parking or storage at any of you locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Completely fenced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Completely lighted at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Surveillance camera equipped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the facility equipped with Intrusion alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the lot attended during business hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Armed Security guards on duty during the day or at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fire extinguishers are accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you pick up or deliver customers' vehicles by driving them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Average number of cars in your lot: _____				
12. Height of each fence: _____				

Towing:

- How many tows do you perform on average per month? _____
- How many employees are involved in this operation? _____
- Indicate below the various types of towing you perform:
- Private Property (illegal parking violator removal) Yes No
- Municipality, Highway or Turnpike Rotation Yes No
- Voluntary Repossessions Yes No
- Heavy Duty Commercial Towing and Recovery Yes No
- Motor Club towing Yes No
- Towing for banks or finance companies Yes No
- Towing for your own garage/body shop Yes No
- Involuntary Repossessions Yes No
- Are your tow trucks equipped with Scanners? Yes No
- Do you participate in any "Chase" or first on the Scene towing? Yes No
- Do you require each tow performed by your company to be dispatched by your office dispatcher? Yes No
- Do you operate a Repair Facility? Yes No // If So, how many bays do you have _____
How many mechanics do you have? _____
- Do you operate a Body shop? Yes No // If so what type of frame machine do you have _____
Do you have a certified paint booth? Yes No // If so, what type? _____
- Do operate a service station with gas sales or convenience store? Yes No
- Do you haul anything other than cars? Yes No
- Do you operate a Salvage Yard? Yes No // If so do you have a crusher on site? _____
- Do you operate a Auto Transportation Business? Yes No
- Do you **require** the use **safety chains and /or Wheel straps on every tow?** Yes No
- Do you **require** the use of **vehicle-towing lights on every tow?** Yes No
- Do you need coverage for Dealer Tags or Transporter Tags? Yes No How Many? _____
- Please breakout the per-trip mileage for your fleet: 0-50 Miles _____% 51-200 Miles _____% 201+ Miles _____%

Financial History: In the past three years have you filed for bankruptcy, financial reorganization or had a tax lien placed against you? Yes No

Insurance History:

1. Are you required to carry Workers Compensation insurance based on the laws of your state? Yes No
2. Do you have Workers Compensation insurance coverage at this time? Yes No
3. If yes what is your current Experience Modifier? _____

Do you have insurance company loss runs from your last four years of operation? Yes No

My Previous Insurance Carriers are:	Year	Insurance Company Name	Premium Paid
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please provide a vehicle and trailer list with the following:

- Specify on-hook/cargo amounts for each tow truck (if different amounts needed please list limits per truck)
- Specify which vehicles need comprehensive/ collision coverage with stated \$ amount and which ones need just auto liability

Please provide a driver list with the following:

- Full driver name, dates of birth, dates of hire, and license numbers
- Last 5 years of loss runs (you may need to request this from your current agent)