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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:**

- Employee Only, Named Operators Coverage Only
- \$25,000
- \$50,000
- \$100,000

3<sup>rd</sup> 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 are 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? \_\_\_\_\_

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

UNIT NO.	1	2	3	4
Year				
Make				
Body Type				
Serial Number				
GVWR				
Describe Use of Vehicle or Equipment				
Garage Location				
Actual Cash Value (current market less depreciation) if physical damage coverage is desired.	\$	\$	\$	\$

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