



Salt Lake City Area Office
8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 800-478-9880

Chicago Office
303 W. Madison Street Suite 2075
Chicago, IL 60606
800-456-4576 • Fax 888-408-8081

TOWING

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

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

Contact Person: _____ Producer's Name: _____

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

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

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

Completed Claims and Loss History form attached (REQUIRED)? Yes No

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

Commercial General Liability:

<input type="radio"/>	\$100,000/\$200,000
<input type="radio"/>	\$150,000/\$300,000
<input type="radio"/>	\$300,000/\$300,000
<input type="radio"/>	\$500,000/\$500,000

Auto Liability:

<input type="radio"/>	\$100,000/\$200,000
<input type="radio"/>	\$150,000/\$300,000
<input type="radio"/>	\$300,000/\$300,000
<input type="radio"/>	\$500,000/\$500,000
<input type="radio"/>	\$750,000/\$1,000,000

In Tow – On Hook:

<input type="radio"/>	\$25,000
<input type="radio"/>	\$50,000

Cargo – contents within truck, the transporting of equipment on a trailer, or a flatbed truck:

<input type="radio"/>	\$25,000
<input type="radio"/>	\$50,000

Garage Keepers Legal Liability – on premises:

<input type="radio"/>	\$25,000
<input type="radio"/>	\$50,000
<input type="radio"/>	\$100,000

Garage Keepers Legal Liability – off premises (controlled by others):

<input type="radio"/>	\$25,000
<input type="radio"/>	\$50,000
<input type="radio"/>	\$100,000

Physical Damage (lien holders) – third party contractual legal liability for owned vehicles and equipment only.

The **Actual Cash Value** must be stated on the equipment list. Actual Cash Value is defined as current market value less depreciation. Would you like us to provide a quote to include Actual Cash Value? Yes No

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

E. Business Activities

1. Employees

Type of Employee	Number of Employees
Seasonal Employees	
Licensed Drivers	
Office Employees	
Other Employees (please describe):	

2. Do you have Worker's Compensation Insurance? Yes No

3. Number of vehicles operated this year: _____

4. Vehicle Storage lot:

a. Is storage lot fenced in? Yes No

b. Is storage lot lighted? Yes No

If yes, please describe: _____

c. Do you use security dogs on the premises? Yes No

5. Total Gross Income: \$ _____

6. Gross income from storage of vehicles (if any) \$ _____

7. Gross income from incidental mechanical repair (if any) \$ _____

8. Gross income from storage of vehicles (if any) \$ _____

9. Towing Service Income: \$ _____

10. Gross income from other source (if any) \$ _____

Please describe: _____

11. Do you operate as:

a. A Towing Service Co. Yes No

b. A Recovery or Repossession Agency Yes No

c. A Transport Co. Yes No

d. An Auto Drive-away Service Co. Yes No

12. Are you on 24-hour call? Yes No

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

0-50 Miles	%
50-200 Miles	%
Over 200 miles	%

14. Approximate # of Tows per day: _____

15. Do you require ICC authority? Yes No

16. Do you subcontract any work to others? Yes No

17. Indicate the number and types of plates you own:

a. Transportation Plates: _____

b. Repossessor Plates: _____

c. Dealer Plates: _____

18. Are plates ever provided to persons other than employees? Yes No

19. Who do you mainly tow for? (e.g. police, motor clubs, auto dealers, etc.): _____

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



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DRIVER SCHEDULE

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)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: _____

Driver # _____ **Driver Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: _____

Driver # _____ **Driver Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

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Violations/Accidents/Claims: _____

Driver # _____ **Driver Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

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Violations/Accidents/Claims: _____

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

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Violations/Accidents/Claims: _____

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Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

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Violations/Accidents/Claims: _____

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Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: _____

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Violations/Accidents/Claims: _____

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

Don't forget to attach a copy of the MVR and driver's license for each driver!

Note: Endorsements must be paid for in full within five days of request. If payment is not received, driver(s) will be excluded from the policy.

Dated: _____

Dated: _____

Applicant: _____

Insured Representative: _____

Signature

Signature

Print Name

Print Name



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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		GVW / GCW		Cash Value	
		Seating Capacity		Cargo/On-Hook	

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged		GVW / GCW		Cash Value	
		Seating Capacity		Cargo/On-Hook	

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged		GVW / GCW		Cash Value	
		Seating Capacity		Cargo/On-Hook	

Dated: _____
Applicant:

Dated: _____
Agent/Broker:

Signature

Signature

Print Name

Print Name