



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

RECOVERY/TOWING APPLICATION

Proposed effective date: _____

Are you working with an agent/broker?

☐ Yes ☐ No

Producer name: _____ Producer phone number: _____

Producer e-mail: _____

A. General Information

Applicant's name: _____

Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Business telephone number: _____ Fax: _____

Do you have more than one location?

☐ Yes ☐ No

Physical address of business if different: _____

City: _____ State: _____ Zip: _____

Physical address: _____

City: _____ State: _____ Zip: _____

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

Is this a new business?

☐ Yes ☐ No

Date business started: _____

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

Name	Role	Contact Number	E-mail Address

Annual payroll: \$ _____ Annual gross receipts: \$ _____

B. Insurance History

Are any other markets offering coverage?

☐ Yes ☐ No

If no, please explain: _____

If yes, please provide limits, coverage and premium: _____

Company name			
Coverage			
Limits			
Annual premium	\$	\$	\$

Why does the insured seek new coverage?: _____

What is the target 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			

Is the current insurance carrier offering a renewal quote?

☐ Yes ☐ No

If yes, please provide the premium offered: _____ If no, explain: _____

Has the applicant or any predecessor ever had a claim?

☐ Yes ☐ No

Attach/ upload a five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).

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: _____

C. Desired Insurance**Auto Liability:**

Is auto liability coverage needed at this time?

☐ Yes ☐ No

If yes, please select:

Per person/per act/property damage

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"/>	\$ _____

Limit of Garage Liability:

Per Accident/ Aggregate

Per Person / Per Accident/ Aggregate

<input type="checkbox"/>	\$25,000/\$75,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<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"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$500,000/\$1,000,000/\$2,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Is **Garage Keeper's** coverage needed?☐ Yes ☐ No

(Physical damage for customer's vehicles in the named insured's care, custody and control):

If yes, please select:

- ☐ 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):Is **Contractual Liability Indemnification (Employee Dishonesty Only)**

coverage needed?

☐ Yes ☐ No

If yes, please select:

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

Wrongful Repo:Is **Wrongful Repo** coverage needed?☐ Yes ☐ No

If yes, please select:

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

In Tow (On Hook):Is **in Tow (On Hook)** coverage needed☐ Yes ☐ No

If yes, please select:

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

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

<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	\$50,000
<input type="checkbox"/>	Other:

Drive-Away Physical Damage to Vehicles Driven–Physical Damage Limits: Over the road Physical DamageEmployee Only, named operators coverage only

- ☐ \$25,000
☐ \$50,000
☐ \$100,000

By exposure:	Drive-away	Tow-away (consent/ non-consent)	Repo tow-away
Estimated by employees:			
Estimated by independent contractors:			
Total for the next 12 months:			

D. Business Activities

Annual Gross Receipts by operations:

Annual gross income for recoveries	\$
Annual gross income for towing	\$
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:	\$

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

Transportation plates: _____

How are they used? _____

Repossessor plates: _____

How are they used? _____

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: _____

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

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

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: _____

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 provide Workers' Compensation for all employees, including drivers?

☐ Yes ☐ No

Do you transport any caustic, radioactive, or flammable cargo?

☐ Yes ☐ No

Do you operate under anyone else's permit or authority?

☐ Yes ☐ No

If yes, explain: _____

OPERATOR SCHEDULE

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

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