



Automobile Towing Program Supplemental Questionnaire

1. Company Name _____
DBA _____
2. Years In Business _____
3. Effective Date _____
4. Mailing Address _____
5. Physical Address _____
6. Phone Number _____
7. Email Address _____
8. Federal Tax ID Number _____
9. Description of Operations & Percent of Annual Receipts:
 - Auto Towing..... Yes No _____ %
 - Automobile Repair..... Yes No _____ %
 - Auto Body..... Yes No _____ %
10. What Controls Are In Place for Storage of Towed Auto(s)? _____

11. Do You Have Transporter Tags?..... Yes No
If So, Please List Tag Numbers:

12. Total Annual Gross Receipts: \$ _____
13. Annual Payroll, Excluding Owners & Officers: \$ _____
14. Type of Towing Breakdown:
 - _____ % Motor Club
 - _____ % Police Calls
 - _____ % Dealers
 - _____ % Auctions
 - _____ % Private Calls
 - _____ % Other _____
15. Auto Liability Limit: \$300,000 \$500,000 \$750,000 \$1,000,000
16. General Liability Limit: \$300,000 \$500,000 \$1,000,000

VEHICLE INFORMATION

Please List All Vehicle Information If Comprehensive & Collision Coverage Are Desired, Must List Cost New of Vehicle.

YEAR	MAKE	MODEL	VEHICLE I.D. NUMBER (17 DIGITS)	GARAGE LOCATION	VEHICLE VALUE	On-Hook Limit	PHYSICAL DAMAGE <i>*Quote/policy will include Specified Perils unless otherwise stated</i>	IS VEHICLE (A) FLATBED (B) TOW TRUCK (C) TRAILER (D) SERVICE CAR
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

REQUIRE COPY OF REGISTRATIONS (ELECTRONIC VERIFICATION)

I confirm the information regarding the aforementioned vehicles and their corresponding VINs and values is current and accurate.

Signature of Insured _____

Date _____

DRIVER INFORMATION

NAME	DATE OF BIRTH	DRIVER'S LICENSE NUMBER/STATE	DATE OF HIRE	JOB DUTIES

I confirm the information regarding the aforementioned drivers and their personal/employment information is current and accurate.

Signature of Insured

Date

STORAGE LOCATION INFORMATION			
Please Complete All Requested Information For All Storage Locations to Be Insured.			
Please Check One: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied			
Physical Address:			Is there another operation CONDUCTED at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are the 2 operations separated by physical divider? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	State:	Zip:	
Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dog on Premise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage Keepers Limit?	What is the name & address of this other operation? Select Type of location: <input type="checkbox"/> Commercial Use Only <input type="checkbox"/> Residential Use
Average # of stored vehicles:	Do you have security watchmen/patrol? <input type="checkbox"/> Yes <input type="checkbox"/> No	Safeguards around storage perimeter? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FORMS & FILINGS
<p align="center">Please Indicate If You Are In Need of Any State Forms and/or Filings. FILINGS MUST BE IN THE NAME OF THE BUSINESS.</p> <p>Do You Need Federal Filings? <input type="checkbox"/> Yes <input type="checkbox"/> No If So, Motor Carrier Number: _____</p> <p>Do You Need State Filings? <input type="checkbox"/> Yes <input type="checkbox"/> No If So, Certificate or State Number: _____</p> <p>Please Specify Other: _____</p>

CLAIMS REPORTING
<p align="center">I Understand That All Claims Regardless of Fault Will Be Reported to the Agent Within 48hrs of the Date of Loss.</p> <p>_____ Date</p> <p>Signature of Named Insured</p>

PERSONNEL
<p align="center">I Understand That All Individual(s) Operating A Scheduled Vehicle and/or Towed Vehicle Will Be Listed As An Employee. Independent Contractors and/or Subcontractors Do NOT Operate Any Scheduled or Towed Vehicle For This Policy.</p> <p>_____ Date</p> <p>Signature of Named Insured</p>