



Automobile Repossessor Program Supplemental Questionnaire

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

Are Towed Auto(s) Separated From Repossession Storage Area? Yes No
9. Total Annual Gross Receipts: \$ _____
10. Annual Payroll, Excluding Owners & Officers: \$ _____
11. Annual Number of Repossessions: _____
12. _____ % Keystarts _____ % Tow
13. Type of Repossession Breakdown:
_____ % Private Passenger Type Vehicle
_____ % Trucks, Less Than 10k lbs
_____ % Trucks, 10k lbs - 15k lbs
_____ % Trucks, Over 20k lbs
_____ % Watercraft (Boats, Jet Skis, Etc.)
_____ % Motorhomes
_____ % Other _____
14. Do You Obtain Written Authorization Assignments for EACH Repossession Order? Yes No
15. Property Inspection Completed After Each Repossession Order? Yes No
16. Are Debtors Notified On How They May Retrieve Their Personal Effects?..... Yes No
17. Are Signed Release Forms Required Before Releasing of Vehicle?..... Yes No

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	PHYSICAL DAMAGE <i>*Quote/policy will include Specified Perils unless otherwise stated</i>	IS VEHICLE (A)FLATBED (B)TOW TRUCK (C) CAMERA CAR (D) SERVICE CAR
						SPEC PER DED COLL DED	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						SPEC PER DED COLL DED	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						SPEC PER DED COLL DED	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						SPEC PER DED COLL DED	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						SPEC PER DED COLL DED	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						SPEC PER DED COLL DED	<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

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

Signature of Insured _____

Date _____

REPOSSESSION STORAGE LOCATION INFORMATION			
Please Complete All Requested Information For All Storage Locations to Be Insured.			
Please Circle One (a) Owner Occupied (b) 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? _____ _____
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	
			Select Type of location: <input type="checkbox"/> Commercial Use Only <input type="checkbox"/> Residential Use

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>_____</p> <p>Signature of Named Insured Date</p>

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