



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF
POLICIES OR PROGRAM REQUESTED			POLICY NUMBER	
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS
PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE
GLASS AND SIGN		ELECTRONIC DATA PROC		BOILER & MACHINERY
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY		WORKERS COMPENSATION
CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO		UMBRELLA
TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER		

STATUS OF TRANSACTION			PACKAGE POLICY INFORMATION				
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
<input type="checkbox"/> CHANGE	DATE	TIME			<input type="checkbox"/> DIRECT BILL		
<input type="checkbox"/> CANCEL					<input type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION					
NAME (First Named Insured & Other Named Insureds)				MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> LLC	CR BUREAU NAME	DATE BUS STARTED
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	NO. OF MEMBERS AND MANAGERS	ID NUMBER	
INSPECTION CONTACT:			ACCOUNTING RECORDS CONTACT:		
PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		PHONE (A/C, No, Ext):	
				E-MAIL ADDRESS:	

PREMISES INFORMATION									
LOC #	BLD #	STREET, CITY, COUNTY STATE ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED	
			INSIDE	OWNER					
			OUTSIDE	TENANT					
			INSIDE	OWNER					
			OUTSIDE	TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
--

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			
4. ANY CATASTROPHIC EXPOSURE?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			11. HAS BUSINESS BEEN PLACED IN A TRUST?
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES" attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES (Not applicable in CO HI NE OH OK OR or VT; in DC LA ME, TN and VA, insurance benefits may also be denied)			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OF AGGREGATE																
	PERSONAL & AUV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
AUTOMOBILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	OPEN/CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD 125 (2005/06)

ACORD™ VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Name Insured)			
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN
				AGENCY BILL	AUDIT
FOR COMPANY USE ONLY					
CODE:	SUB CODE:				
AGENCY CUSTOMER ID					

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM/AGE	COST NEW				
						PP	SPEC	COML				
CITY, STATE ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT		
15 MILES +	FARM	SERVICE				FTW	COLL					COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM/AGE	COST NEW				
						PP	SPEC	COML				
CITY, STATE ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT		
15 MILES +	FARM	SERVICE				FTW	COLL					COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM/AGE	COST NEW				
						PP	SPEC	COML				
CITY, STATE ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT		
15 MILES +	FARM	SERVICE				FTW	COLL					COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM/AGE	COST NEW				
						PP	SPEC	COML				
CITY, STATE ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT		
15 MILES +	FARM	SERVICE				FTW	COLL					COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYM/AGE	COST NEW				
						PP	SPEC	COML				
CITY, STATE ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP		AA	ST AMT		
15 MILES +	FARM	SERVICE				FTW	COLL					COLL
NET VEH DR/CR:											TOTAL PREM \$	

ACORD 129 (2003/08)

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Wrecker, Repossessor, Garagekeepers & On-Hook Supplemental Application

Note: This supplement is to be completed in conjunction with the ACORD 125, 127 (Business Auto Policy) or ACORD 132 (Truckers Policy) & a state specific ACORD 137

Note: For Fleet Accounts (5 or more power units), the following information is required:

- 1. Copy of driver handbook or written explanation of driver hiring/training/firing guidelines.
2. Copy of formal Safety Program or written explanation of informal safety program.
3. Three to five year hard copy loss runs for prior insurance coverage. If risk is a new venture, send three-year employment history and experience for owners.
4. Copy of vehicle maintenance schedule, including sample maintenance logs.

Section I - General Information

- 1. Policy Period Desired Phone #
2. Insured Name Fax #
3. (dba)
4. Physical Address (if diff. from mailing)
5. Have you ever operated under another name? Yes No
6. If "Yes," what was the name of that operation?

Section II-A - General Description of Operations

- 1. Select all that apply and show percentages for each; must total 100%: For Hire Wrecker, Wrecker Repu, Wrecker with Garage Dealer, Wrecker with Service Operation. Total 100%
2. Indicate types of units hauled and percentages for each; must total 100% (check all that apply): Private Passenger & Pick UPS/Van, Light Trucks, Medium Trucks, Heavy Trucks, EX-HVY Trucks, Tractors, HVY Truck-Tractors, EX-HVY Tractors, Trailers, Watercraft.
NOTE: If transporting cargo other than the types of units listed above; submit to company for approval.
3. Indicate the percentage of tow revenue by source (check all that apply): Auto Clubs, State/City/Local Contracts, Commercial Contracts, Police Scanner, Other (Be specific)

Section II-B - Description of Operations: REPOSSESSOR OPERATIONS

- 1. List primary customers for which you repossess (written contract/agreement required):
2. How are vehicles repossessed? Describe in detail, including identification verification.
3. How is owner notified of impending repossession (check all that apply)? Applicant or Lienholder/creditor
4. Are police notified? Yes No; If "Yes," do they accompany you on repossession? Yes No
5. How are confrontations handled? (Check all that apply): Walk away Call Police Other (Be specific):
6. Does the applicant or any employee carry firearms? Yes No
NOTE: Policy is issued with a Firearm Exclusion, where approved by state filing.
7. Do you subcontract the towing of repossessed autos to others? Yes No
NOTE: If "Yes," company approval is required to quote account.
8. Give names of all repossession associations with whom you are affiliated:
9. If you are requesting coverage for a storage lot, advise length of time units will be stored

10. If state licensing laws are applicable to this operation, give license #: _____

Section II-B – Description of Operations GARAGEKEEPERS

Private Passenger Types & Light PU's-\$50,000 maximum per vehicle -\$500 minimum deductible applies. Medium & heavier Trucks & Truck Tractors-\$120,000 maximum per vehicle-\$500 minimum deductible applies.

1. Coverage: Legal Liability or Direct Primary
 Comp/Collision or SCOL/Collision
Deductible: (select one) \$500 or \$1000
2. If Direct Primary coverage is requested, describe procedure taken to check for prior damage to vehicle: _____
3. Location #1: \$ _____ / _____ Address: _____
Per vehicle /Per location (\$500,000 max) City: _____ Zip: _____
Location #2: \$ _____ / _____ Address: _____
Per vehicle /Per location (\$500,000 max) City: _____ Zip: _____
Location #3: \$ _____ / _____ Address: _____
Per vehicle /Per location (\$500,000 max) City: _____ Zip: _____
4. Is there a written "take home" policy for tow vehicles? Yes No
If "Yes," describe: _____
5. Are "response time" bonuses/penalties in place? Yes No
If "Yes," describe: _____
6. Does risk tow hazardous materials? Yes No
NOTE: If the answer is "yes" to question #6, coverage can not be offered for this risk.
7. Does risk allow customers to assist in loading/unloading disabled vehicles? Yes No
NOTE: If the answer is "yes" to question #7, coverage can not be offered for this risk.
8. Units stored in open lot? Yes No
9. Units stored in building? Yes No

Section II-C Description of Operations ON-HOOK

When written with Garagekeepers, the per vehicle limit must be lower than or equal to the Garagekeepers aggregate limit. Private Passenger Types & Light PU's-\$50,000 maximum per vehicle -\$500 minimum deductible applies. Medium & heavier Trucks & Truck Tractors-\$120,000 maximum per ehicle-\$500 minimum deductible applies

1. Coverage (select one): Legal Liability or Direct Primary
2. Deductible (select one): \$500 or \$1000
3. If Direct Primary coverage is requested, describe procedure taken to check for prior damage to vehicle: _____
4. Limit: _____ / _____
Per vehicle Aggregate (\$500,000 maximum)

Section III - Area of Operations

1. Define normal areas of operation, i.e., Cities, States
2. Do you operate over a regular route? Yes No
If "Yes," describe: _____
3. List largest cities entered in each state: _____
4. Radius of operation 0-100 101-300 301-500
NOTE: If radius is over 300 miles, company approval is required to quote the account.

Section IV - Driver Information

1. Do you carry Worker's Compensation? Yes No
NOTE: If no and fleet account; company approval is required to quote the account.
2. Driver pre-hire procedure used (check all that apply) Application MVR check Driver test
 Written test Pre-Employment Physical Employment Reference Check
3. Are periodic reviews of drivers MVR's conducted? Annually Semi-Annually Other (Be specific)
4. Do you report drivers to your agent within **14 days** of employment? Yes No
NOTE: If the answer is "no", company approval is required to quote the account.

5. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?
 Yes No If "Yes," explain: _____
6. How are drivers paid? Per Load Per Hour Per Mile Other(describe) _____
7. What is the wage level of your drivers compared to the industry?
 Average Below Average Above Average
8. What is your annual driver turnover? _____%

Section V – Equipment Information

1. Do you interchange equipment with other carriers? Yes No
 If "Yes," give details: _____
2. Is there specialized equipment attached to any unit? (check all that apply)
 Booms refuse grapples hooks Other: _____
3. If more than one unit insured, describe which unit is specially equipped. _____
4. Check all applicable Body Types and indicate how many units of each type:
 Side loader ____ Front loader Roll off Pumper Packer Rollback ____
 Other: _____
5. Check all applicable Structure Types and indicate how many of each type:
 Stainless steel ____ Metal ____ Fiberglass ____ Aluminum ____ Other _____

Section VI - Safety and Maintenance

1. Give Details of Safety Program (*Be specific*): _____
2. Are any of the following procedures in place? (check all that apply)
 Company work rules Driver Training Program Safety Program/Meeting Driver Discipline Program
 Hazardous Waste ID Training Burning Load Fire Training
3. How often is vehicle maintenance done and by whom? _____
4. Describe your accident reporting procedures: _____
5. Describe security at Garaging Location (check all that apply): Units locked when not in use
 Keys kept in lock box Well lit lot Fenced lot Lot attended 24 hours Burglar Alarm (describe)
 Guard Dog on Premises Commercial area Residential area Other: _____
6. Do you have a driver safety incentive program? Yes No
NOTE: If yes, attach written description of informal program or attach a copy of your formal program.
7. Is there safety equipment attached to any unit? (check all that apply) cut off switches strobe lights
 tarps back up alarms Video Monitors Automated Can Dumping Arm 2-Way Radio
 DriveCam Other: (*Be specific*): _____

Are your trailers retrofitted with Reflective tape or Reflectors? Yes No

Section VII- Additional Insured & Waiver of Subrogation

NOTE: If request for Additional Insured and/or Waiver of Subrogation is made by a landfill or an environmental group, insurance company approval is required.

Section VIII- Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer or files a statement of a claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Applicant's Signature	Date
Witness	Date
Agent's or Broker's Name (Please print)	Agent's Signature
Telephone # / License #	