

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH INTENT DEFRAUDS ANY INSURANCE COMPANY OR OTHER PERSON, FILING THIS QUESTIONNAIRE FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

***Applicant Information***

Agency		Producer		Fax ( )	
<input type="checkbox"/> New Business Application <input type="checkbox"/> Renewal Application		Proposed Effective Date		Years with this agency	
Date					
<b>Applicant Name</b>			Mailing Address		
<b>Applicant DBA</b>			City		State   Zip
Does entity have <input type="checkbox"/> a parent company <input type="checkbox"/> any subsidiaries <input type="checkbox"/> Names of other operating entity(ies)/list_____		Phone ( )		Fax ( )	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other					
Owner Name		Years in Business		Years Under Present Owner/Date Established	
<input type="checkbox"/> Active?					
Current Insurance Carrier		<b>Expiring Premium</b>		Federal ID #	
Insurance Contact for the entity.		\$		Phone ( )	
Business Reference #1				Phone ( )	
Business Reference #2				Phone ( )	
Business Reference #3				Phone ( )	
Associations / Trade Groups - Member Since					
Description of business operations, management experience & training					
<b>Location #1</b>					
City		State	Zip	County	Terr.
<b>Location #2</b>					
City		State	Zip	County	Terr.
<b>Location #3</b>					
City		State	Zip	County	Terr.
		Lot 1		Lot 2	
		Lot 3			
A. Is storage lot completely fenced and secured		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
B. Fire Extinguisher		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
C. Is an alarm system used?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
D. Are Surveillance Cameras Used?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
E. Are attendants or night watchmen employed?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
F. Are domestic animals on the premises?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
G. Are buildings sprinkler protected?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
H. Is lot completely lighted at night?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

*Vehicle Coverages*

Coverage	Limits	Options	
Liability (CSL)		<input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-Owned Required	Personal Effects \$2500 limit \$1000 deductible included
Medical Payments			
PIP		<input type="checkbox"/> Statutory Minimum	<input type="checkbox"/> Reject (if allowed)
Additional PIP			
Uninsured Motorist		<input type="checkbox"/> Statutory Minimum	<input type="checkbox"/> Reject (if allowed)
Underinsured Motorist		<input type="checkbox"/> Statutory Minimum	<input type="checkbox"/> Reject (if allowed)
UM/UIM (if applicable)		<input type="checkbox"/> With Property Damage	<input type="checkbox"/> Without Property Damage

**Commercial General Liability Coverages**

Liability Limit	CSL	Aggregate (3X Primary unless specified)	
Garage Keepers Coverages	Deductible: <b>\$500</b>	Legal Liability All locations <input type="checkbox"/> Yes	Direct Primary All Locations <input type="checkbox"/> Yes
	Limit Location 1	Limit Location 2	Limit Location 3
Average value	Location 1	Location 2	Location 3
Max Value	Location 1	Location 2	Location 3

Drive-away liability Note: 3rd Party liability coverage is the same limit as the commercial auto liability limit selected above.

Physical Damage to Vehicles Driven Note: Coverage is the same limit as the garage keepers limit selected above.  
If you perform drive away operations do you use;

Yes  No Employees Only

Yes  No Independent Contractor Only

How many Drive-away per year are performed? \_\_\_\_\_ What is the maximum distance per trip? \_\_\_\_\_ Miles.

Are filings required?  yes  no  
 Federal  
 MC  
 State  
 PUC Name and Address  
 If yes, please provide name and address; provide copy of any special forms required. Use separate list for other than those noted requiring evidence of insurance.

**Fidelity Questions for GL Application (Quotes with Limits of \$25,000)**

- Has your operation experienced any of the following types of losses in the past 5 years or since the business was established? Please answer yes or no. If any of the below are answered yes, please provide a detailed description of the circumstances surrounding the loss, as well as the amount and what types of corrective measures were implemented as a result:
  - Employee Theft  yes  no
  - Forgery or Alteration  yes  no
  - Theft of Money and Securities (Inside & Outside the Premises)  yes  no
  - Any other Crime or Fidelity related losses?  yes  no
- Do you have cash exposure that exceeds the lowest deductible amount on your current Crime/Fidelity policy?  yes  no
- Total number of employees \_\_\_\_\_
- How many employees handle, have access to or maintain records of money, securities or other property? \_\_\_\_\_
- Total number of locations \_\_\_\_\_
- Are all of your operations located in the US, its territories and Canada?  yes  no



**Employee Selection and Training**

How many drivers were terminated in the last twelve months?	
How many drivers did you hire?	
What is your minimum hiring age for drivers?	
Do all drivers have two years tow/repo driving experience?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are police records checked before hiring?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are background checks completed before hiring?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are applicants road tested in the type of vehicles they will be operating?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are driving records checked before hiring?	<input type="checkbox"/> yes <input type="checkbox"/> no
How often are driving records checked after hiring? <input type="checkbox"/> Annually, <input type="checkbox"/> Semi-Annually, <input type="checkbox"/> Monthly	
Are copies of current MVR's maintained in employee records?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are Drivers required to take Drug Test	<input type="checkbox"/> yes <input type="checkbox"/> no
Are Drivers required to take a "Driver Certification Program"? If yes, identify program	<input type="checkbox"/> yes <input type="checkbox"/> no
Is personal use of vehicles by employees permitted?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, is there a written procedure?	<input type="checkbox"/> yes <input type="checkbox"/> no
If personal use is permitted, are MVR's obtained on family members as well?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are <b>non-employees</b> permitted to ride in or operate vehicles? If yes, explain:	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Do you have a written and enforced policy prohibiting employees from carrying weapons on their person or in a vehicle? (If yes, please attach a copy.)</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Do you have a formal policy regarding Invasion of Privacy and methods of handling a hostile debtor? (If yes, please attach a copy.)</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have written safety manual?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a written accident review policy?	<input type="checkbox"/> yes <input type="checkbox"/> no

Explain your "new hire" repossessor training program (include minimum length of supervised training before new hires are permitted to repossess vehicles on their own):

<b>Number of total staff:</b>			
Total	Full Time	Part Time	
		<u>Number</u>	<u>Estimated Annual Payroll</u>
A. Field Adjusters / Drivers			
B. Salesmen			
C. Office Employees			
D. Mechanics			
E. Other Service Employees			

What work do you sub-contract to others? **Explain**

Do you require certification of liability insurance with limits equal to or higher than yours, from all subcontractors or independent contractors and is your firm named as an Additional Named Insured on their policy?  yes  no  
 Note: Without the protection of the applicant being named as an additional named insured to said independent contractor liability policy of insurance, independent contractor coverage will be excluded unless the applicant obtains such certificate and evidence of insurance from the independent contractor.

Do you provide or perform services as a sub-contractor for other tow truck operators, recovery agencies, or other business operations?  yes  no  
 If yes, explain:

Do you provide recovery services to any of the following? (Check all that apply)

<input type="checkbox"/> Commercial Lenders (Banks and Finance Companies)	<input type="checkbox"/> Individual Lenders (Non-Commercial) Who _____ % _____
<input type="checkbox"/> New Car Dealers	<input type="checkbox"/> Used Car Dealers ("Buy Here - Pay Here") Who _____ % _____
<input type="checkbox"/> Other Who _____ % _____	

Do you require a favorable Hold Harmless Agreement from your customers? If yes, please provide a copy.  yes  no

Do you obtain a written authorized assignment for each recovery?  yes  no

Does your state require a license?  yes  no

If yes: License # \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Please answer the following questions as thoroughly as possible:**

I. Do you provide Workers Compensation for all employees including drivers?  yes  no

J. Do you issue any Employee or Independent Contractor a 1099?  yes  no  
**If yes, to whom**

K. Are the tow trucks or service vehicles used for towing equipped with a "transformer" or "dynamic" towing system or similar automatic or in cab operated hook-up capabilities?  yes  no

L. Are all units equipped with fire extinguishers  yes  no

M. Does the insured have a written Maintenance program  yes  no

Is a police report required in your state on all recoveries and repossessions? If yes; what is the time limit to report?  Yes  No

N. Percentage of trips made. \_\_\_\_\_ 0 – 50 Miles, \_\_\_\_\_ 51- 200 Miles, \_\_\_\_\_ 201 and Over.

O. Are personal effects and personal property of others recovered and securely stored?  yes  no

Do you inventory those personal effects? If yes via:  yes  no  
 Witnessed written inventory  Video taped inventory  Photographed inventory  
 Other (please explain): \_\_\_\_\_  
 If not, how do you account for personal property of others?

P. How is personal property and effects returned to owners?

Q. What is done with deadly weapons or illegal drugs which are found in the personal effects and property removed for inventory?

R. What is done with "prescription drugs" found in the personal property and effects recovered?

S. Do you recover refrigeration/freezer units with cargo?  yes  no  
 If yes, is transit completed?  yes  no  
 How?

Loss History / Statement

Has your insurance ever been canceled or not renewed by an insurance company?  Yes  No

Have you **had any losses** in the last four years of operation?  Yes  No  
**\*\*\*If you answered "no", please review this next section very carefully \*\*\* If yes attach loss runs\*\*\*\*\***

Statement of Loss History:--**NO LOSS STATEMENT**

It is a requirement of ÆON Insurance Group, Inc. that we receive your last four years of insurance company loss runs in order to analyze your operations insurability. If you are unable to obtain the four-year history prior to the inception of coverage and you have less than five vehicles to insure, we are willing to accept your statement of NO losses until you can obtain your insurance company loss runs. By signing this application, you are agreeing to provide a complete statement of all losses pertaining to the coverage requested on this application and within forty-five days from coverage inception provide insurance company loss runs

Previous Insurance Company Name	Year	Premiums
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Description of current loss prevention policies & procedures

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by our agents or us 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 instruction on how to submit a request to us.

**By signing this application, I agree to:**

1. Advise the company of ALL drivers not appearing on the employee list for approval prior to operation of any vehicle insured under this contract at any time during the policy period.
2. To provide a signed and completed UM/UIM and or PIP Selection/ Rejection form.
3. Permit your representative to physically survey our operation.
4. Implement the recommendations and/or training programs suggested to me by the company.

I, the applicant, understand that this application and all information supplied is part of the application process and will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested. I hereby represent and confirm that I have read all the questions and answers on the application and that, to the best of my knowledge; all information provided in this application is complete, true and correct. I further represent that I have made and will make the necessary periodic maintenance inspection of the premises and the insured vehicles and that all necessary repairs have been made to ensure that my property and vehicles are and will remain safe and in good working condition. It is understood and agreed that no insurance is in effect until ÆON INSURANCE GROUP, INC. and those companies it represents accept this application.

**Notice to Applicant:** The broker or producer is your (the applicant's) agent and is not an agent of ÆON Insurance Group Inc. No producer or broker shall have the right to bind coverage or to; alter, modify, or discharge this application. The producer or broker shall not have the right to alter, modify, discharge or execute any insurance contracts or policies on behalf of ÆON Insurance Group Inc.

Applicant's Signature	Position	Date Signed
Producer's Signature	Agency	Date Signed

**Vehicle Schedule**

Vehicle # <b>1</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New	Average radius
<b>Garage location #</b>	Vin # (17 digits)		Insured's unit #	Comp/coll ded.	On-hook limit	On-hook ded.
This vehicle is equipped with: <input type="checkbox"/> <b>In-cab</b> Operated Recovery unit <input type="checkbox"/> <b>External Only</b> Operated Recovery Unit						
Vehicle # <b>2</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New	Average radius
<b>Garage location #</b>	Vin # (17 digits)		Insured's unit #	Comp/coll ded.	On-hook limit	On-hook ded.
This vehicle is equipped with: <input type="checkbox"/> <b>In-cab</b> Operated Recovery unit <input type="checkbox"/> <b>External Only</b> Operated Recovery Unit						
Vehicle # <b>3</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New	Average radius
<b>Garage location #</b>	Vin # (17 digits)		Insured's unit #	Comp/coll ded.	On-hook limit	On-hook ded.
This vehicle is equipped with: <input type="checkbox"/> <b>In-cab</b> Operated Recovery unit <input type="checkbox"/> <b>External Only</b> Operated Recovery Unit						
Vehicle # <b>4</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New	Average radius
<b>Garage location #</b>	Vin # (17 digits)		Insured's unit #	Comp/coll ded.	On-hook limit	On-hook ded.
This vehicle is equipped with: <input type="checkbox"/> <b>In-cab</b> Operated Recovery unit <input type="checkbox"/> <b>External Only</b> Operated Recovery Unit						
Vehicle # <b>5</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New	Average radius
<b>Garage location #</b>	Vin # (17 digits)		Insured's unit #	Comp/coll ded.	On-hook limit	On-hook ded.
This vehicle is equipped with: <input type="checkbox"/> <b>In-cab</b> Operated Recovery unit <input type="checkbox"/> <b>External Only</b> Operated Recovery Unit						
Vehicle # <b>6</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New	Average radius
<b>Garage location #</b>	Vin # (17 digits)		Insured's unit #	Comp/coll ded.	On-hook limit	On-hook ded.
This vehicle is equipped with: <input type="checkbox"/> <b>In-cab</b> Operated Recovery unit <input type="checkbox"/> <b>External Only</b> Operated Recovery Unit						

**How many of the following do you have issued to your agency?**

Dealer plates? \_\_\_\_\_ How used? \_\_\_\_\_

Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_

Transportation plates? \_\_\_\_\_ How used? \_\_\_\_\_

Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_

Repossessor plates? \_\_\_\_\_

Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_

Other plates ?

Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_

Are plates provided to others? If yes, explain: \_\_\_\_\_  yes  no

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**Schedule of Employees**

First name	m.i.	Last name	Date of birth	<input type="checkbox"/> Excluded Driver			
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Repo Exp.
First name	m.i.	Last name	Date of birth	<input type="checkbox"/> Excluded Driver			
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Repo Exp.
First name	m.i.	Last name	Date of birth	<input type="checkbox"/> Excluded Driver			
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Repo Exp.
First name	m.i.	Last name	Date of birth	<input type="checkbox"/> Excluded Driver			
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Repo Exp.
First name	m.i.	Last name	Date of birth	<input type="checkbox"/> Excluded Driver			
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Repo Exp.
First name	m.i.	Last name	Date of birth	<input type="checkbox"/> Excluded Driver			
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Repo Exp.
First name	m.i.	Last name	Date of birth	<input type="checkbox"/> Excluded Driver			
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Repo Exp.
First name	m.i.	Last name	Date of birth	<input type="checkbox"/> Excluded Driver			
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Repo Exp.
First name	m.i.	Last name	Date of birth	<input type="checkbox"/> Excluded Driver			
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Repo Exp.

**Additional Information**

Name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
Additional description, limitations, or other information			Location #      Building(s)
Address			email Fax#
City	State	Zip	Vehicle numbers(s)
Name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
Additional description, limitations, or other information			Location #      Building(s)
Address			email Fax#
City	State	Zip	Vehicle numbers(s)
Name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
Additional description, limitations, or other information			Location #      Building(s)
Address			email Fax#
City	State	Zip	Vehicle numbers(s)
Name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
Additional description, limitations, or other information			Location #      Building(s)
Address			email Fax#
City	State	Zip	Vehicle numbers(s)
Name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
Additional description, limitations, or other information			Location #      Building(s)
Address			email Fax#
City	State	Zip	Vehicle numbers(s)