

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	
Applicant Name					Today's Date
Applicant DBA					
Does entity have <input type="checkbox"/> a parent company <input type="checkbox"/> any subsidiaries		Phone ()		Fax ()	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		Date Organization Established		Years Under Present Owner	
Owner <input type="checkbox"/> Active?		Phone ()		Fax ()	
Current Insurance Carrier		Expiring Premium		Federal ID #	
Insurance Contact for the entity.				Phone ()	
Applicant's Business is <input type="checkbox"/> Full Time (more than 30 hours per week) <input type="checkbox"/> Part Time					
Business Reference #1				Phone ()	
Business Reference #2				Phone ()	
Business Reference #3				Phone ()	
Mailing Address					
City		State		Zip	
Primary Location					
City		State	Zip	County	Terr.
Location #2					
City		State	Zip	County	Terr.
Location #3					
City		State	Zip	County	Terr.
Associations / Trade Groups - Member Since					
Description of business operations, management experience & training					

Description of Operations

Please specify the percentage of income for all services performed:			
A. Recovery Service Income (12 month period) \$		Percentages to total income	
Projected next 12 months:			
# of Recoveries for projected period		Direct Employee	Subcontracted
# of Recoveries by Key Start (drive away)	By Tow		
1.	Private Passenger Vehicles		
2.	Commercial Vehicles		
3.	Recreation Vehicles		
4.	Heavy Equipment		
5.	High Value Vehicles		
6.	Other Recovery Service Income, explain:		
B. All Other Services Income (12 month period) \$		Percentages to total income	
1.	Body Shop of Vehicles		
2.	Sales of Automotive Parts and Supplies		
3.	Used Car Sales (other than repossessed)		
4.	New Car Sales		
5.	Leased Auto Sales		
6.	Gasoline Sales		
7.	Storage of Vehicles		
8.	Mechanical Repair and Service to vehicles-tune-up, radiator, air-conditioning, tube and oil, muffler, brakes, engine rebuilding		
9.	Foreign Auto Repair, RV Repair, Antique Auto Service		
10.	Propane, Butane Sales, or Other Liquefied Petroleum Gas		
11.	Rental of Vehicles-automobiles, trucks, motorcycles, trailer, boats, recreation equipment, etc.		
12.	Mini-Mart or Dairy Store Operations		
13.	Tire Sales and Service		
14.	Recap Tire Sales and Service		
15.	Public Parking		
16.	All Other Income (Explain)		

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 Commercial 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 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 non-employees permitted to ride in or operate vehicles? If yes, explain:	<input type="checkbox"/> yes <input type="checkbox"/> no
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.)	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a formal policy regarding Invasion of Privacy and methods of handling a hostile debtor ? (If yes, please attach a copy.)	<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):	

Number of total staff:		
Total	Full Time	Part Time
	Number	Estimated Annual Payroll
A. Field Adjusters		
B. Drivers Other Than Field Adjusters		
C. Salesmen		
D. Office Employees		
E. Mechanics		
F. 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?
 If yes, explain: yes no

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)
<input type="checkbox"/> New Car Dealers	<input type="checkbox"/> Used Car Dealers ("Buy Here - Pay Here")
<input type="checkbox"/> Other	

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:

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

B. Do you issue any Employee or Independent Contractor a 1099? yes no

C. 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

D. Average values in storage at all locations? \$

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

	Lot 1		Lot 2		Lot 3		
F. 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	
G. 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	
H. 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	
I. 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	
J. 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	
K. 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	
L. Does applicant engage in auto or equipment dismantling?						<input type="checkbox"/> yes	<input type="checkbox"/> no
M. Does applicant own or operate tanker trucks?						<input type="checkbox"/> yes	<input type="checkbox"/> no
N. Does applicant own or sponsor racing vehicles?						<input type="checkbox"/> yes	<input type="checkbox"/> no
O. Is a police report required in your state on all recoveries and repossessions? If yes, what is the time limit to report?						<input type="checkbox"/> yes	<input type="checkbox"/> no

P. Are personal effects and personal property of others recovered and securely stored?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you inventory those personal effects?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, via:	
<input type="checkbox"/> Witnessed written inventory <input type="checkbox"/> Video taped inventory <input type="checkbox"/> Photographed inventory	
<input type="checkbox"/> Other (please explain):	
If not, how do you account for personal property of others?	
Q. How is personal property and effects returned to owners?	
R. What is done with deadly weapons or illegal drugs which are found in the personal effects and property removed for inventory?	
S. What is done with “prescription drugs” found in the personal property and effects recovered?	
T. Do you recover refrigeration/freezer units with cargo? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, is transit completed? <input type="checkbox"/> yes <input type="checkbox"/> no	
How?	

How many of the following do you have issued to your agency?			
A. Dealer plates?	_____	How used?	_____
B. Transportation plates?	_____	How used?	_____
C. Repossessor plates?	_____	How used?	_____
D. Other plates ?	_____	How used?	_____
Are plates provided to others? If yes, explain:			<input type="checkbox"/> yes <input type="checkbox"/> no

Filings

Are filings required?	<input type="checkbox"/> yes <input type="checkbox"/> no
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.	
ICC - name and address	
MC #	
PUC - name and address	

Vehicle Coverages

Coverage	Limits	Options	
Liability (CSL)		<input type="checkbox"/> Hired Cost of hire:	
		<input type="checkbox"/> Non-Owned	
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
Comp/Collision		<input type="checkbox"/> \$500 Deductible	<input type="checkbox"/> \$1,000 Deductible <input type="checkbox"/> Refer to schedule
Other:			
Dealer Plates			
Year	Tag #	Year	Tag #
Year	Tag #	Year	Tag #

Inland Marine Coverages

Miscellaneous Towing & Recovery Equipment	Provide description of items and Serial Numbers
On-Hook Cargo	Refer to Vehicle Schedule for limits and deductibles

Operation Coverages

Liability Limit	CSL	Aggregate (3X Primary unless specified)	Premises Med Pay Limit
GK Limit	Location 1	Location 2	Location 3
Other-Than-Collision Deductible	Collision Deductible		
Personal Effects <input type="checkbox"/> Yes <input type="checkbox"/> No Limits: <input type="checkbox"/> \$2000 Deductible: <input type="checkbox"/> \$500			
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;			
Employees Only			<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent Contractor Only			<input type="checkbox"/> Yes <input type="checkbox"/> No
How many Drive-away per year are performed? What is the maximum distance per trip? Miles.			
Other Liability Exposures requiring coverage:			

Property Coverage

For all property coverage please submit an Accord Property Supplement Application

Loss History / Statement

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

Do you have insurance company loss runs for your last four years of operation? Yes No

*****If you answered "no", please review this next section very carefully *****

Statement of Loss History:

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 past 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.

My Previous Insurance Carriers are:

	Year	
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Loss History (current year and prior three years) Source: Company Insured Other (explain)

Date of Loss	Total Amount	Coverage Type	Driver	Date of Loss	Total Amount	Coverage Type	Driver
1.				5.			
2.				6.			
3.				7.			
4.				8.			

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 #	Year	Make	Model	Gvw/gcw/capacity	Stated Value	Average radius
Garage location #	Vin # (17 digits)			Comp/coll ded.	On-hook limit	On-hook ded.
This vehicle is equipped with:				<input type="checkbox"/> In-cab Operated Recovery unit <input type="checkbox"/> External Only Operated Recovery Unit		
Vehicle #	Year	Make	Model	Gvw/gcw/capacity	Stated Value	Average radius
Garage location #	Vin # (17 digits)			Comp/coll ded.	On-hook limit	On-hook ded.
This vehicle is equipped with:				<input type="checkbox"/> In-cab Operated Recovery unit <input type="checkbox"/> External Only Operated Recovery Unit		
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Garage location #	Vin # (17 digits)			Comp/coll ded.	On-hook limit	On-hook ded.
This vehicle is equipped with:				<input type="checkbox"/> In-cab Operated Recovery unit <input type="checkbox"/> External Only Operated Recovery Unit		

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"/> Full Time <input type="checkbox"/> Part Time	Date of hire	Driver license	State	Class Years licensed
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"/> Full Time <input type="checkbox"/> Part Time	Date of hire	Driver license	State	Class Years licensed
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"/> Full Time <input type="checkbox"/> Part Time	Date of hire	Driver license	State	Class Years licensed
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"/> Full Time <input type="checkbox"/> Part Time	Date of hire	Driver license	State	Class Years licensed
First name	m.i.	Last name	Date of birth	<input type="checkbox"/> Excluded Driver		
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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			
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			
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			
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			
City	State	Zip	Vehicle numbers(s)
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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			
City	State	Zip	Vehicle numbers(s)