

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% :

<input type="checkbox"/> For Hire Wrecker	_____
<input type="checkbox"/> Wrecker Repo	_____
<input type="checkbox"/> Wrecker with Garage Dealer	_____
<input type="checkbox"/> Wrecker with Service Operation	_____
Total	100%
2. Indicate types of units hauled and percentages for each; must total 100% (check all that apply):

<input type="checkbox"/> Private Passenger & Pick UPS/Van	_____	<input type="checkbox"/> Light Trucks	_____	<input type="checkbox"/> Medium Trucks	_____	<input type="checkbox"/> Heavy Trucks	_____
<input type="checkbox"/> EX-HVY Trucks	_____	<input type="checkbox"/> Tractors	_____	<input type="checkbox"/> HVY Truck-Tractors	_____	<input type="checkbox"/> EX-HVY Tractors	_____
<input type="checkbox"/> Trailers	_____	<input type="checkbox"/> Watercraft (must be incidental, 20% or less)	_____				

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):

<input type="checkbox"/> Auto Clubs	_____	<input type="checkbox"/> State/City/Local Contracts	_____	<input type="checkbox"/> Commercial Contracts	_____	<input type="checkbox"/> Police Scanner	_____
<input type="checkbox"/> 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.

- Coverage: Legal Liability or Direct Primary
 Comp/Collision or SCOL/Collision
Deductible: (select one) \$500 or \$1000
- If Direct Primary coverage is requested, describe procedure taken to check for prior damage to vehicle: _____

- 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: _____
- Is there a written "take home" policy for tow vehicles? Yes No
If "Yes," describe: _____
- Are "response time" bonuses/penalties in place? Yes No
If "Yes," describe: _____
- Does risk tow hazardous materials? Yes No
NOTE: If the answer is "yes" to question #6, coverage can not be offered for this risk.
- 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.
- Units stored in open lot? Yes No
- 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

- Coverage (select one): Legal Liability or Direct Primary
- Deductible (select one): \$500 or \$1000
- If Direct Primary coverage is requested, describe procedure taken to check for prior damage to vehicle: _____

- Limit: _____ / _____
Per vehicle Aggregate (\$500,000 maximum)

Section III - Area of Operations

- Define normal areas of operation, i.e., Cities, States
- Do you operate over a regular route? Yes No
If "Yes," describe: _____
- List largest cities entered in each state: _____
- 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

- Do you carry Worker's Compensation? Yes No
NOTE: If no and fleet account; company approval is required to quote the account.
- Driver pre-hire procedure used (check all that apply) Application MVR check Driver test
 Written test Pre-Employment Physical Employment Reference Check
- Are periodic reviews of drivers MVR's conducted? Annually Semi-Annually Other (Be specific)
- 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.
- 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