

Date _____

TOWING INSURANCE APPLICATION

APPLICANT INFORMATION			
Legal Name of Company			Effective Date of Coverage
Mailing Address	City:	State:	Zip Code:
Email Address:			
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (describe)			Years in Business
Inspection Contact:		Phone:	Federal ID#
LOCATION INFORMATION			
#	<i>Street, City, County, State, Zip Code</i>	<i>Use of Location</i>	
1			
2			
3			
4			
5			

OPERATION	# OF EMPLOYEES	PAYROLL	RECEIPTS
Towing		\$	\$
Service Station		\$	\$
Auto Mechanic		\$	\$
Auto Body Shop		\$	\$
Used Car Sales		\$	\$
Dismantling/Salvage		\$	\$
Repossession		\$	\$
Trucking *If Trucking Section Completed, Need Receipts		\$	\$
Other (Describe)		\$	\$

Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
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GVW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
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>

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Driver's Name	DOB	Driver's License	Status	Tow Truck Experience	Company Use Only			
					VIOL	ACC	DEL	ADD
1.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
2.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
3.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
4.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
5.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
6.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
7.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
8.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
9.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
10.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
11.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
12.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
13.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
14.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
15.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
16.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
17.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
18.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
19.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					
20.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time					

Have you identified every possible driver of an insured vehicle including those who may fill in during peak periods and emergencies? (Such as members of households, friends, etc.)?..... Yes No

_____, (name of Applicant) understands and agrees that on any proposed addition or substitution of driver, the MVR must be submitted to the insurance company for approval prior to hire.

Applicant's Signature