Date

TOWING INSURANCE APPLICATION

APPLICANT INFORMATION							
Legal Name of Company				Effective Date of Coverage			
Maili	ng Address	City:	St	tate:	Zip Code:		
Ema	il Address:						
	adividual Corporation LLC artnership Joint Venture Other (describe)				Years in Business		
Inspection					eral ID#		
	act: Phone: CATION INFORMATION						
#	Street, City, County, State, Zip Code			Use of Loc	ation		
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 Numl		Full Serial Number	Stated Amor						
GVW	•	Class Code	On-Hook Limit	Deductibles:	Com	p Coll	ision	On-Hook			
Use of ve	ehicle	l	- 1			•	Radius of operation				
Describe	tow/specia	ulty equipment sep	arately (rotator, etc.)				Garaging	Location			
Vehicle							<u> </u>				
Year	Make		Model	Body Type		Full Serial Number	Stated Amount				
GVW	•	Class Code	On-Hook Limit	Deductibles:	Com	p Coll	ision	On-Hook			
Use of ve	ehicle	1	- 1				Radius of	operation			
Describe	tow/specia	ulty equipment sep	arately (rotator, etc.)				Garaging	Location			
Vehicle	= #						<u> </u>				
Year	Make		Model	Body Type		Full Serial Number		Stated Amount			
GVW	1	Class Code	On-Hook Limit	Deductibles:	Com	p Coll	ision	On-Hook			
Use of ve	ehicle	1	- 1				Radius of	operation			
Describe	tow/specia	alty equipment sep	arately (rotator, etc.)				Garaging	Location			
Vehicle	• #										
Year	Make		Model	Body Type		Full Serial Number	Stated Amount				
GVW		Class Code	On-Hook Limit	Deductibles:	Com	p Coll	ision	On-Hook			
Use of ve	se of vehicle Radius of operation					operation					
Describe	tow/specia	ılty equipment sep	arately (rotator, etc.)	Describe tow/specialty equipment separately (rotator, etc.) Garaging Location							
Vahiala											
Vehicle) #										
	Make		Model	Body Type		Full Serial Number		Stated Amount			
		Class Code	Model On-Hook Limit	Body Type Deductibles:	Com		ision	Stated Amount On-Hook			
Year	Make	Class Code	T		Com		ision Radius of	On-Hook			
Year GVW Use of ve	Make		T		Com			On-Hook operation			
Year GVW Use of ve	Make Phicle tow/specia		On-Hook Limit		Com		Radius of	On-Hook operation			
Year GVW Use of ve	Make Phicle tow/specia		On-Hook Limit		Com		Radius of	On-Hook operation			
GVW Use of ve	Make Phicle tow/specia		On-Hook Limit arately (rotator, etc.)	Deductibles:	Com	p Coll	Radius of	On-Hook operation Location			
GVW Use of ve Describe Vehicle Year	Make ehicle tow/specia	ulty equipment sep	On-Hook Limit arately (rotator, etc.) Model	Deductibles: Body Type		p Coll	Radius of Garaging	On-Hook Operation Location Stated Amount On-Hook			

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		Driver's	_	Tow Truck	Company Use Only					
Driver's Name	DOB	License	Status		Experience		ACC	DEL	ADD	
1.			□Part-Time □Full-Time							
2.			☐Part-Time ☐Full-Time							
3.			□Part-Time □Full-Time							
4.			☐Part-Time ☐Full-Time							
5.			□Part-Time □Full-Time							
6.			□Part-Time □Full-Time							
7.			☐Part-Time ☐Full-Time							
8.			□Part-Time □Full-Time							
9.			□Part-Time □Full-Time							
10.			□Part-Time □Full-Time							
11.			□Part-Time □Full-Time							
12.			□Part-Time □Full-Time							
13.			☐Part-Time ☐Full-Time							
14.			☐Part-Time ☐Full-Time							
15.			□Part-Time □Full-Time							
16.			□Part-Time □Full-Time							
17.			□Part-Time □Full-Time							
18.			☐Part-Time ☐Full-Time							
19.			☐Part-Time ☐Full-Time							
20.			□Part-Time □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.)?										
, understands and agrees that on any proposed addition or substitution of driver, the MVR must be submitted to the insurance										
(name of Applicant)		, understands company for a	and agrees that on any propos approval prior to hire.	sed addition or subst	itution of driver, the l	MVR must	oe submitte	ed to the ir	surance	
Applicant's Signature										