|  |  |
| --- | --- |
| **Berglund Insurance, Inc.**1881 W Traverse Pkwy, Lehi, UT 84043801-494-7400 • FAX 801-921-5495<https://BerglundInsurance.com>  |  Date        |

### TOWING INSURANCE APPLICATION

|  |
| --- |
| **APPLICANT INFORMATION** |
| Legal Name of Company      | Effective Date of Coverage      |
| Mailing Address      | City:      | State:   | Zip Code:      |
| [ ]  Individual [ ]  Corporation [ ]  LLC[ ]  Partnership [ ]  Joint Venture [ ]  Other (describe)       | Motor Carrier Docket #      | Years in Business      |
| **Inspection**Contact:       Phone:       | Federal ID#      |
| **LOCATION INFORMATION** |
| # | *Street, City, County, State, Zip Code* |
| 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)      |        | $       | $       |

|  |  |
| --- | --- |
| **FOUR LARGEST CLIENTS FOR WHICH THE APPLICANT HAULS** | **CONTRACT?** |
| 1.       | [ ] Yes [ ] No |
| 2.       | [ ] Yes [ ] No |
| 3.       | [ ] Yes [ ] No |
| 4.       | [ ] Yes [ ] No |
| 5. | [ ] Yes [ ] No |

Does Applicant operate out of residence? [ ] Yes [ ] No

Is the towing done for these entities under contract? [ ] Yes [ ] No

a. Does the Applicant have police band radios in wreckers? [ ] Yes [ ] No

1. If yes, explain use

a. Is the Applicant involved in any repossession? [ ] Yes [ ] No

b. If yes, are the repossessions [ ]  voluntary or [ ]  involuntary?

c. How many repossessions are performed each month?

Is the applicant involved in anything other than towing? (If yes, please complete the Operation Section) [ ] Yes [ ] No

1. Does the Applicant understand all new drivers must be submitted to the insurance company for approval

a. Is applicant subsidiary of any other entity or does applicant have any subsidiaries? [ ] Yes [ ] No

b. If yes, name and describe

a. Is there a formal safety program in operation? [ ] Yes [ ] No

b. If yes, number of meetings held monthly

c. Who conducts? (Include a copy of written safety program if one exists.)

Is there a written vehicle maintenance program in operation? [ ] Yes [ ] No

a. Any vehicles leased, loaned or rented to others? [ ] Yes [ ] No

b. If yes, describe:

c. Are these vehicles included in the attached schedule? [ ] Yes [ ] No

d. If no, explain why:

 .

1. Describe customized or special equipment OTHER THAN tow equipment:

a. Any ICC filings required? [ ] Yes [ ] No

b. Any PUC filings? [ ] Yes [ ] No

c. If yes, list below:

 Name

Address

d. If yes, does Applicant comply with all record keeping required by D.O.T.? [ ] Yes [ ] No

e. Is MCS 90 required [ ] Yes [ ] No

f. Authority is granted in the name of:

g. Does the Applicant allow anyone to operate under its permit? [ ] Yes [ ] No

Dealer Plates # ID#’s .

a. Are Dealer Plates permanently attached to any vehicles? [ ] Yes [ ] No

b. If yes, give description of vehicle: [ ] Yes [ ] No

c. What are the dealer plates used for?

d. Any personal use of the plates? [ ] Yes [ ] No

1. a. How many times monthly does the Applicant go beyond 50 miles?

 b. How many times monthly does the Applicant go beyond 200 miles?

 c. What cities?

1. Does the Applicant carry Workers Compensation? [ ] Yes [ ] No

b. Policy Period:

c. Insurance co.

1. What is the total number of vehicles the Applicant owns?

a. Does the Applicant pickup or deliver customer’s cars other than Towing? [ ] Yes [ ] No

b. If yes, what radius of operation?

a. Any Tire Sales? [ ] Yes [ ] No

b. If yes, receipts $

c. How does the Applicant dispose of used tires?

d. Does the Applicant sell [ ]  new or [ ]  used tires?

e. Any tire recapping or retreading performed? [ ] Yes [ ] No

Does the Applicant own or sponsor a car for racing? [ ] Yes [ ] No

a. Any spray paint performed? [ ] Yes [ ] No

b. If yes, does Applicant have a UL approved spray booth? [ ] Yes [ ] No

a. Any welding performed? [ ] Yes [ ] No

b. If yes, where is welding performed?

c. Any protective screens used? [ ] Yes [ ] No

a. Does the Applicant operate a service station? [ ] Yes [ ] No

b. Type of service station is [ ]  Self-Service [ ]  Full-Service [ ]  Both?

c. Does the Applicant operate: [ ] C-Store [ ] Car Wash

d. Gallons sold annually

e. How many pumps does the Applicant have?

f. Does the Applicant have a pollution liability policy on the underground storage tanks? [ ] Yes [ ] No

a. Does the Applicant do any dismantling or salvage? [ ] Yes [ ] No

b. If yes, how many number of units annually?

c. Does the Applicant own a crushing machine? [ ] Yes [ ] No

d. If yes, describe here:

e. Is public allowed to remove parts from vehicles? [ ] Yes [ ] No

f. Is public allowed access to the salvage area? [ ] Yes [ ] No

a. Do employees regularly use their own vehicles on company business? [ ] Yes [ ] No

b. If yes, explain

a. Does the Applicant have any public parking for which charges are made? [ ] Yes [ ] No

b. If yes, number of units per month

c. Monthly Receipts $

a. Does Applicant have dogs on Premises? [ ] Yes [ ] No

b. If yes, number      Breed

c. Are they Police/ security trained Guard Dogs? [ ] Yes [ ] No

d. Are “Beware of Dog” signs posted on gate? [ ] Yes [ ] No

e. Are dogs penned up during business hours? [ ] Yes [ ] No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location**  | **Fenced** | **Height** | **Gates Locked at Night** | **Well Lit** | **Alarm** | **Avg. # of Cars** |
| Loc. #1 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |       |
| Loc. #2 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |       |
| Loc. #3 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |       |
| Loc. #4 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |       |
| Loc. #5 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |       |

1. Days and hours of operation
2. If storing cars, for whom and under what circumstances are autos stored by the applicant?

a. Any change in operations or number of vehicles in the last year? [ ] Yes [ ] No

1. If yes, please explain

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insurance Co.** | **Year** | **Premium** | **Limits** | **Deductible** | **# of Losses** | **Total Amount of Losses** |
|       |      | $       | $       | $       |       | $       |
|       |      | $       | $       | $       |       | $       |
|       |      | $       | $       | $       |       | $       |
|       |      | $       | $       | $       |       | $       |

**Attach copy of insurance company loss runs.**

a. Has Applicant ever been cancelled or non-renewed?(*Do not answer if risk is located in MO*) [ ] Yes [ ] No

b. If yes, why?

**Driver Information:**

a. Does the Applicant require written application? [ ] Yes [ ] No

b. Does the Applicant check references? [ ] Yes [ ] No

c. Does the Applicant check driving records? [ ] Yes [ ] No

d. List any Towing Schools attended?

1. How are Drivers paid [ ]  Hourly [ ]  Weekly [ ]  Commission [ ]  Salary

a. Does the Applicant have a safe driving incentive program? [ ] Yes [ ] No

b. If yes, explain:

a. Are the Drivers the Applicant’s employees? [ ] Yes [ ] No

b. If no, name of contractor

a. Does the Applicant use owner operators? [ ] Yes [ ] No

This Section must be completed if Applicant hauls anything other than vehicles. Include all incidental hauls:

Has the Applicant hauled anything other than vehicles within the past 3 years, (including incidental hauls)? [ ] Yes [ ] No

If so, please complete the SECTION below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items(s) Hauled** | **Value** | **Radius** | **Vehicle Used** | **How Often** |
|       | $       |  |        |        |
|       | $       |  |       |        |
|       | $       |  |       |        |

Which Drivers handle these operations?

a. Does the Applicant use air bags in its towing and recovery operations? [ ] Yes [ ] No

b. If yes, how many bags?

*If coverage for equipment is desired, please attach list of equipment with I.D. numbers and values.*

Does the Applicant always use safety chains? [ ] Yes [ ] No

a. Does the Applicant, at any time, perform snow plowing? [ ] Yes [ ] No

b. If yes, who does the Applicant plow for?

|  |
| --- |
| **COVERAGES AND LIMITS DESIRED** |
| **Automobile Liability** | CSL | $1,000,000 | *(Up to $1,000,000)* |
| **Medical Payments** | Limit per person | [ ]  $ 1,000[ ]  $ 2,000[ ]  $ 5,000 |  |
| **Personal Injury Protection**  | Each limit | $ 3,000 | *(As required by state law)* |
| **Uninsured Motorists** | CSL | $1,000,000 | *(As required by state law)* |
| **Physical Damage** | Comprehensive deductible | $ 1,000 | *Please indicate on schedule which vehicles desire Physical Damage.* |
| Collision deductible | $ 1,000 |
| **General Liability** | CSL | $1,000,000      |  |
| Aggregate | $2,000,000 | *(Aggregate up to 3 times)* |
| **Garagekeepers Legal Liability** | Limit Location 1 | $ 100,000 |  |
| Limit Location 2 | $ 100,000      |  |
| Limit Location 3 |       |  |
| Deductible | $ 500 (Per Vehicle)$ 2,500 (Maximum) |
| **On-Hook/Cargo** | Limit | **Please indicate on vehicle schedule** | *Note: Adequate limits should be selected to cover the highest valued item “on-hook”/”in-tow”.* |

### Fraud Warnings:

ARKANSAS

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

COLORADO

“It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”

DISTRICT OF COLUMBIA

“WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

FLORIDA

“Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

KENTUCKY

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”

LOUISIANA

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

MAINE

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.”

NEW JERSEY

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

NEW MEXICO

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.”

OHIO

“Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

OKLAHOMA

“WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

PENNSYLVANIA

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

RHODE ISLAND

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company, including failure to disclose a conviction of arson, for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

TENNESSEE

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

VIRGINIA

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

WEST VIRGINIA

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

ALL OTHER STATES

“Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.”

|  |
| --- |
| **NO COVERAGE IS BOUND UNTIL ACCEPTED BY THE COMPANY.** |
| Date:  | Signed Applicant |

|  |  |
| --- | --- |
|  **VEHICLE SCHEDULE**Insured Name:        | Date  |

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

|  |  |
| --- | --- |
| **AUTO TRANSPORT DRIVER LIST** | Date  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Driver’s Name | DOB | Driver’s License No. / State | Status | Commercial Driving Experience | Tow Truck Experience | Company Use Only |
| VIOL | ACC | DEL | ADD |
|  1.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |       |       |       |       |
|  2.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
|  3.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
|  4.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
|  5.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
|  6.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
|  7.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
|  8.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
|  9.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 10.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 11.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 12.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 13.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 14.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 15.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 16.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 17.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 18.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 19.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |
| 20.       |       |       | [ ] Part-Time [ ] Full-Time | [ ] Yes [ ] No |       |  |  |  |  |

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 |

DOT #:

MC #:

Include Loss Runs (Claim History)