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**Towing & Recovery Operations
 Professional Collateral Recovery
 Supplemental Application**

A. Applicant Information Today's Date: _____ Incept Date: _____ Quote Date: _____

1. Applicant's Legal Name: _____
 DBA (if applicable): _____

2. Address: _____
 City: _____ State: _____ Zip: _____
 County: _____
 Primary Garaging Location: _____
If different from mailing address; If more than one, attach schedule of locations.

3. Telephone: _____ Email: _____

4. FEIN/SSN: _____ Website: _____

5. Business Type: Individual Corporation LLC Partnership Other _____

6. Years in business in current name: _____

7. Have you owned a similar business or had any change in ownership, management or name of your business in the past five years? Yes No
If yes, please explain: _____

8. Is your business a subsidiary of another entity or does your business have any subsidiaries? Yes No
If yes, please provide details: _____

9. Is the owner active in the business? Yes No Owner's Name: _____

B. Additional Location Information (other than primary garaging location)

#	Address (including zip code)	Fenced?		Locked at Night?		Alarm?		Avg # of Cars	Max # of Cars	Use of Location
		Yes	No	Yes	No	Yes	No			
1										
2										
3										
4										

C. Key Management Personnel

Title	Name	Yrs in Position	Phone
President/CEO			
Operations Manager			
Safety Director			
Maintenance Director			

Describe experience of management team: _____

Historical Insurance Coverage	Current	1st Prior	2nd Prior	3rd Prior	4th Prior
Insurance Carrier					
Limits & Deductibles					
Auto Liability Premium					
Physical Damage Premium					
On Hook Cargo Premium					
General Liability					
Property					

D. Regulatory Filings Name: _____

Does applicant require: _____ (Official name on all filings)

State Filings: Form E State Name: _____
 Form B State Name: _____
 Texas Form T

Federal Filings: ICC (Fed Hwy) MCS 90 Liability (BMC 91/91X) Cargo (BMC 34) OS32
 Hazardous Materials (other than gas) Other _____
 Docket/MC# _____ CA PUC # _____

E. Vehicles

Projections & Historical Figures	Projected	Current	1st Prior	2nd Prior	3rd Prior	4th Prior
Gross Revenues						
Total Fleet Mileage						
Light Trucks (0-10,000 lbs. GVW)						
Medium Trucks (10,001-20,000 lbs. GVW)						
Heavy Trucks (20,001-45,000 lbs. GVW)						
Extra Heavy Trucks (>45,000 lbs. GVW)						
Heavy Truck Tractors (0-45,000 lbs. GVW)						
Extra Heavy Truck Tractors (>45,000 lbs. GVW)						
Private Passenger/Service Units						
Trailers						
Total Units:						

F. Operations

1. What trade group/association(s) does the applicant belong to? TRAA State Assoc Other _____

2. Type of Operation: % or Revenue

Towing	Yes	No	_____
Auto Body Work	Yes	No	_____
Auto Repair	Yes	No	_____
Sell Autos	Yes	No	_____
Salvage Operations	Yes	No	_____
Drive-away Operations	Yes	No	_____
C -Store or Gas Sales	Yes	No	_____
Voluntary Repossessions	Yes	No	_____ <i>If yes, complete section 2a below.</i>
Involuntary Repossessions	Yes	No	_____ <i>If yes, complete section 2a below.</i>
Auto Parts Sales	Yes	No	_____
Sell Used or Recapped Tires	Yes	No	_____
Sell New Tires	Yes	No	_____
Auto Hauling	Yes	No	_____
Equipment Hauling	Yes	No	_____ <i>If yes, complete section 2b below.</i>
Other	Yes	No	_____ <i>If yes, complete section 2c below.</i>

2a. Which vehicles and drivers are dedicated to repossession business?

2b. Which vehicles and drivers are dedicated to equipment hauling business?

2c. Describe other business activities:

3. What type of repair or service work is performed?

4. What training have the mechanics or body shop workers received? Fact. Trained Certified Other

5. Any cameras or alarms on storage lot? Yes No

6. How many of each do you have issued to your company:

- a. Dealer Plates _____
How are they used? _____
- b. Transportation Plates _____
How are they used? _____
- c. Repossessor Plates _____
How are they used? _____

7a. What work do you sub-contract to others?

7b. All sub-contractors must be identified with the company (see #8) or there is no coverage.

8. Please list any sub-contractors used and the % of revenue that each is accountable for:

Sub-Contractor	Revenue
a. _____	%
b. _____	%
c. _____	%
d. _____	%
e. _____	%

9. Does Applicant:

- a. Keep keys to all autos in a safe and secure place at all times? Yes No
- b. Have clearly defined boundary and signed business exclusion if any part of the premises is shared with another business? Yes No
- c. Have signs posted prohibiting customers in work area? Yes No
- d. Have canines on premises? Yes No

10. Types of towing agreements:

Incidental	Yes	No	_____ %
General Public	Yes	No	_____ %
Private Property	Yes	No	_____ %
Motor Clubs	Yes	No	_____ %
Police/Highway Rotation	Yes	No	_____ %
Dealerships	Yes	No	_____ %
Commercial Contracts	Yes	No	_____ %
Copart/IAA, etc.	Yes	No	_____ %
*Other	Yes	No	_____ %

**If other, please explain:* _____

11. % of trips per year between (mileage):

0 - 50 _____ % 51 - 200 _____ % 201 - 500 _____ % Over 500 _____ %

12. What % of your operations is related to equipment hauling? _____ %

Equipment Type Hauled	Experience Transporting this Type of Equipment (Years)	Number of Trips (Per Year)	Distance Traveled (Miles)	Price Per Unit

G. Collateral Recovery Specialist Operations Only

1. Do you:
 - a. Have written and enforced policy prohibiting employees from possession of a firearm while at work? Yes No
 - b. Have written and enforced policy for handling a "Hostile Debtor"? Yes No
 - c. Require the lending institution to submit all recovery assignments in writing prior to performing the recovery? Yes No
 - d. Have a written company procedure for inventory, storage and releasing of the personal effects found in the recovered collateral? Yes No
2. What percentage of your repossessions occur during:
Daylight Hours: _____ % Night Hours: _____ %
3. Financial institutions you have contracts with: (GMAC, Nation Bank, Bank of America, Other)

4. Total number of vehicle recoveries:	Drive-Away	Tow-Away
By employees in the last 12 months	_____	_____
By independent contractors in the last 12 months	_____	_____
Expected in the next 12 months	_____	_____

5. What kinds of property do you repossess? (check all that apply)

Construction Equipment	Boats	Tractor/Trailer	Heavy Equipment	Autos
Household Items: Appliances/Furniture/Electronics/Jewelry			ATV's	Motorcycle
Other If other, explain: _____				

H. Driver Information *(Please attach Driver Schedule with Dates of Birth and Dates of Hire)*

Driver Hiring Criteria (check all that apply)		Maintenance & Safety Management	
Written Application	Full Medical	Drug Testing Policy	Technology (AERs, GPS, etc)
Road Test	Drug Testing Policy	Accident Review Policy	Disciplinary/Termination Policy
Written Test	Obtain Current MVR	Vehicle Take Home Policy	
Reference Checks		Written Driver Training Program	
Min Age: _____	Max Age: _____	Written Safety Program	
		Written Maintenance Program	

Check Yes or No to the following questions:		
Do you agree to report all drivers?	Yes	No
Are all drivers properly licensed and DOT compliant?	Yes	No
Have all drivers been driving a similar vehicle for 2+ years?	Yes	No
Do all drivers have at least 3 years U.S. driving experience?	Yes	No
Is disciplinary plan documented for all drivers?	Yes	No
Are any family members <21 drivers of a company auto?	Yes	No

I. Equipment

	Yes	No	If yes, please give details:
1. Any owned vehicles not to be covered?	Yes	No	_____
2. Any towing equipment not permanently attached?	Yes	No	_____
3. Any leased vehicles?	Yes	No	_____
4. Do employees take vehicles home?	Yes	No	_____
5. Any tows involving hazardous materials?	Yes	No	_____
6. Is there a regular vehicle inspection and preventative maintenance program?	Yes	No	_____
7. Are safety chains and tow lights used on every tow regardless of distance?	Yes	No	_____
			If yes, please give value:
8. Radios (not permanently installed)	Yes	No	\$ _____
9. Tools	Yes	No	\$ _____

I. Equipment-continued		If yes, please give value:	
10. Telephones	Yes	No	\$ _____
11. Special Equipment	Yes	No	\$ _____
12. Misc Tools	_____		

J. Additional Underwriting Questions		
1. Does the applicant store customer vehicles on public streets or off premises? <i>If yes, please explain:</i> _____	Yes	No
2. Any guaranties, warranties, hold harmless or waiver of subrogation agreements? <i>If yes, please explain:</i> _____	Yes	No
3. Any spray painting or welding performed? <i>If yes, please explain:</i> _____	Yes	No
4. Does applicant own a crushing machine?	Yes	No
5. Is public allowed to remove parts from vehicles?	Yes	No
6. Is public allowed access to salvage areas?	Yes	No

K. Agent Information		
1. New business or renewal?	New Business	Renewal
2. How long have you handled insurance?	_____	
3. Agent's Name	_____	
4. Agent's Code	_____	

L. Mandatory Underwriting Questions		
1. During the past 4 years, has your insurance ever been obtained through an Assigned Risk Plan? <i>If yes, please explain:</i> _____	Yes	No
2. Has any company provided notice of cancellation/non-renewal or otherwise cancelled/refused to renew your insurance, including during the current term? (If yes, please attach a copy of the cancellation/non-renewal notice). (Question not applicable in Missouri). <i>If yes, please explain:</i> _____	Yes	No
3. Do you provide Workers' Compensation for all employees? <i>If yes, provide Workers' Comp Carrier:</i> _____ <i>If no, please explain:</i> _____	Yes	No
4. Have you ever filed for or contemplated filing for bankruptcy or had bankruptcy proceedings initiated against you by another party? <i>If yes, please explain:</i> _____	Yes	No
5. Has your operating authority ever been suspended or revoked or have you received notice of intent to suspend? <i>If yes, please explain:</i> _____	Yes	No
6. Is all equipment operated under the applicant's authority scheduled on the applicant's driver and vehicle schedule? <i>If yes, please explain:</i> _____	Yes	No

M. Fraud Warnings

ALABAMA

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

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.

MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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.

NEW YORK

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of a claim for each such violation.

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

Any person who knowingly presents 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.

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.

WASHINGTON

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.

N. Agreements and Signatures

Applicant: I believe the statements in this application are true and correct. I understand the insurer will rely on those statements if a policy is issued. I agree to promptly report all full and part time drivers. My employees understand that motor vehicle reports will be ordered on their behalf. I authorize the insurer or their designated representative to order these reports on each driver I employ or contract. This application alone does not bind coverage.

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____