

# Tow Truck Supplement

Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

**This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.**

## IN TOW COVERAGE (To provide coverage on nonowned autos\* towed by rollbacks or wreckers)

- 1) Limit Per Vehicle \$ \_\_\_\_\_ Deductible Per Auto  500  1,000  Other: \_\_\_\_\_
- 2) Number of Scheduled Tow Trucks: \_\_\_\_\_
- 3) Are Tractor/Trailer Combinations towed?  Yes  No
- 4) Maximum # of Units (Including Trailers) Towed/Hauled by any one Power Unit: \_\_\_\_\_

\*If hauling owned units, cargo applies.

## STORAGE LOCATION (Specified Causes of Loss and Collision)

- 1) Limit of Liability Per Location: \$ \_\_\_\_\_ Deductible Per Auto  500  1,000  Other: \_\_\_\_\_
- 2) Number of Locations: \_\_\_\_\_
- 3) Maximum Number of Customers' Autos Stored: \_\_\_\_\_
- 4) Maximum Limit of any one Covered Auto: \$ \_\_\_\_\_
- 5) Are Customers' cars stored overnight?  Yes  No
- 6) Is yard fenced and lighted?  Yes  No
- 7) Where are keys to customers' cars kept? \_\_\_\_\_

## AUTO REPOSSESSORS (Only fill out if repossessions are performed)

- 1) What % of towing operation involves repossession: \_\_\_\_\_ %
- 2) How are vehicles repossessed? Describe procedure in detail.  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Are any vehicles driven away?  Yes  No If yes, list # of repo plates and plate number: \_\_\_\_\_  
List drivers: \_\_\_\_\_  
Is physical damage coverage requested on vehicles driven away?  Yes  No Limit: \$ \_\_\_\_\_  
Deductible Per Auto  500  1,000  Other: \_\_\_\_\_
- 4) Are any independent contractors/subcontractors used?  Yes  No
- 5) How many vehicles did you repo last year? By Tow Truck \_\_\_\_\_ By Drive Away \_\_\_\_\_ Subcontractor \_\_\_\_\_
- 6) Estimate % of repos that are:
 

Private Passenger Autos	_____ %	
Light Commercial Trucks	_____ %	
Heavy Commercial Trucks	_____ %	
Commercial Trailers	_____ %	
Other (Describe)	_____ %	
	_____ %	
	100 %	
- 7) Estimate % of repos that are: Voluntary \_\_\_\_\_ % Involuntary \_\_\_\_\_ %
- 8) Does applicant or any employees carry firearms?  Yes  No
- 9) Are Police notified?  Yes  No Do they ever accompany you on a repossession?  Yes  No  
If yes, before or after the fact? \_\_\_\_\_
- 10) List primary customers for which you repossess:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_