**Date:**

**KBK TOWING INSURANCE APPLICATION**

|  |
| --- |
| **APPLICANT INFORMATION** |
| Legal Name of Company      | Effective Date of Coverage      |
| Mailing Address      | City:      | State:      | Zip Code:      |
| [ ]  Individual[ ]  Partnership | [ ]  Corporation[ ]  Joint Venture | [ ]  LLC[ ]  Other (describe) | Years in Business      |
| **Inspection**Contact:       | Phone:       | Federal ID#      |
| **LOCATION INFORMATION** |
| # | *Street, City, County, State, Zip Code* | *Use of Location* |
| 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |

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| --- | --- | --- | --- |
| **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 |       | $      | $      |
| Other (Describe)      |       | $      | $      |

|  |  |
| --- | --- |
| **FIVE LARGEST CLIENTS FOR WHICH THE APPLICANT TOWS *(including police, commercial and auto clubs)*** | **Percentage of Business** |
| 1.
 |      % |
| 1.
 |      % |
| 1.
 |      % |
| 1.
 |      % |
| 1.
 |      % |

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| --- | --- | --- | --- |
| 1. |  | Does the Applicant operate out of residence?  | [ ]  Yes [ ]  No |
| 2. |  | Is the towing done for these entities under contract?  | [ ]  Yes [ ]  No |
| 3. | a.b. | Does the Applicant have telematics, GPS or any tracking devices in their trucks?If so, who is the manufacturer?       | [ ]  Yes [ ]  No |
| 4. | a.b.c. | Is the Applicant involved in any repossession?If yes, are the repossessions: [ ]  voluntary or [ ]  involuntary?How many repossessions are performed each month?       | [ ]  Yes [ ]  No |
| 5. |  | Is the Applicant involved in anything other than towing? (*If yes, please complete the Operation Section.*) | [ ]  Yes [ ]  No |
| 6. |  | Does the Applicant understand all new drivers must be submitted to the insurance company for approval prior to hiring? | [ ]  Yes [ ]  No |
| 7. | a.b. | Is applicant subsidiary of another entity or does applicant have any subsidiaries?If yes, name and describe:       | [ ]  Yes [ ]  No |
| 8. | a.b.c. | Is there a formal safety program in operation?If yes, number of meetings held monthly:      Who conducts? (*Include a copy of written safety program if one exists.*)       | [ ]  Yes [ ]  No |
| 9. |  | Is there a written vehicle maintenance program in operation?  | [ ]  Yes [ ]  No |
| 10. | a.b.c.d. | Any vehicles leased, loaned or rented to others?If yes, describe:      Are these vehicles included in the attached schedule?If no, explain why:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 11. |  | Describe customized or special equipment OTHER THAN tow equipment:      |  |
| 12. | a.b.c.d.e.f.g. | Any ICC filings required?Any PUC filings?If yes, list below:Name:      Address:      If yes, does Applicant comply with all record keeping required by D.O.T.?Is MCS 90 Required? Authority is granted in the name of:      Does the Applicant allow anyone to operate under its permit? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 13. |  | Dealer Plates #       ID#s                          | [ ]  Yes [ ]  No |
| 14. | a.b. | Are Dealer Plates permanently attached to any vehicle?If yes, give description of vehicle: What are the dealer plates used for?      Any personal use of the plates?       | [ ]  Yes [ ]  No |
| 15. | a.b.c. | How many times monthly does the Applicant go beyond 50 miles?      How many times monthly does the Applicant go beyond 200 miles?      What cities?       |  |
| 16. | a.b.c. | Does the Applicant carry workers’ compensation insurance?Policy Period:      Insurance company:       | [ ]  Yes [ ]  No |
| 17. |  | What is the total number of vehicles the Applicant owns?       |  |
| 18. | a.b. | Does the Applicant pick up or deliver customers’ cars other than towing? If yes, what radius of operation?       | [ ]  Yes [ ]  No |
| 19. | a.b.c.d.e. | Any tire sales?If yes, receipts $      How does the Applicant dispose of used tires?      Does the Applicant sell: [ ]  new or [ ]  used tires?Any tire recapping or retreading performed?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 20. |  | Does the Applicant own or sponsor a car for racing? | [ ]  Yes [ ]  No |
| 21. | a.b. | Any spray painting performed? If yes, does Applicant have an UL approval spray booth? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 22. | a.b.c. | Any welding performed?If yes, where is welding performed?      Any protective screens used?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 23. | a.b.c.d.e.f. | Does the Applicant operate a service station? Type service station is: [ ]  Self-Service [ ]  Full-Service [ ]  BothDoes the Applicant operate: [ ]  C-Store [ ]  Car washGallons sold annually:       How many pumps does the Applicant have?       Does the Applicant have a pollution liability policy on the underground storage tanks? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 24. | a.b.c.d.e.f. | Does the Applicant do any dismantling or salvage?If yes, how many number of units annually?       Does the Applicant own a crushing machine?If yes, describe here:      Is public allowed to removed parts from vehicles?Is public allowed access to the salvage area? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 25. | a.b. | Do employees regularly use their own vehicles on company business?If yes, explain:       | [ ]  Yes [ ]  No |
| 26. | a.b.c. | Does the Applicant have any public parking for which charge is made?If yes, number of units per month:       Monthly Receipts $       | [ ]  Yes [ ]  No |
| 27. | a.b.c.d.e. | Does the Applicant have dogs on premises? If yes, number       Breed      Are they trained guard dogs?Are “Beware of Dog” signs posted on gate?Are dogs penned up during business hours? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
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| **Location** | **Fenced** | **Height** | **Gates Locked at Night** | **Watchman** | **Alarm** | **Well-Lighted** |
| Loc. #1 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No |  [ ] Yes [ ] No | [ ] Yes [ ] No |
| Loc. #2 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Loc. #3 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Loc. #4 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Loc. #5 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |

 |
| 28. |  | Days of operation: [ ]  Mon [ ]  Tue [ ]  Wed [ ]  Thu [ ]  Fri [ ]  Sat [ ]  Sun |  |
| 29. |  | Normal hours of operation: [ ]  0-12 hours [ ]  13-17 hours [ ]  18-24 hours |  |
| 30. |  | If storing cars, for whom and under what circumstances are autos stored by the Applicant?      |  |
| 31. | a.b. | Any change in operation, number of vehicles in the last 3 years?If yes, please explain:       | [ ]  Yes [ ]  No |
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| **Insurance Co.** | **Year** | **Premium** | **Limits** | **Deductible** | **# of Losses** | **Amount** |
|       |       | $      | $      | $      |       | $      |
|       |       | $      | $      | $      |       | $      |
|       |       | $      | $      | $      |       | $      |
|       |       | $      | $      | $      |       | $      |

**Attach copy of insurance company loss runs.** |
| 32. |  | Has Applicant ever been cancelled or non-renewed? (*Do not answer if risk is located in MO*)If yes, why?       | [ ]  Yes [ ]  No |
| **Driver Information** |
| 33. | a.b.c.d. | Does the Applicant require written application?Does the Applicant check references?Does the Applicant check driving records?List any Towing Schools attended:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 34. |  | How are Drivers paid? [ ]  Hourly [ ]  Weekly [ ]  Commission [ ]  Salary |  |
| 35. | a.b. | Does the Applicant have a safe driving incentive program?If yes, explain:       | [ ]  Yes [ ]  No |
| 36. | a.b. | Are the drivers the Applicant’s employees?If no, name of contractor:       | [ ]  Yes [ ]  No |
| 37. | a. | Does the Applicant use owner operators? | [ ]  Yes [ ]  No |
| 38. | a.b. | Has the Applicant hauled anything other than vehicles within the past 3 years?(including incidental hauls)?If so, please complete the SECTION below. | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
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| **Items(s) Hauled** | **Value** | **Radius** | **Vehicle Used** | **How Often** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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| 39. | a. | Which Drivers handle these operations?      |  |
| 40. | a.b. | Does the Applicant use air bags in its towing and recovery operations?If yes, how many bags?      *If coverage for equipment is desired, please attach list of equipment with I.D.#s and values* | [ ]  Yes [ ]  No |
| 41. |  | Does the Applicant always use safety chains? | [ ]  Yes [ ]  No |
| 42. | a.b. | Does the Applicant, at any time, perform snow plowing?If yes, who does the Applicant plow for?       | [ ]  Yes [ ]  No |
| 43. |  | Do any of your locations have exposure to firework sales? | [ ]  Yes [ ]  No |

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| **COVERAGES AND LIMITS DESIRED** |
| **Automobile Liability** | CSL       *(Up to $1,000,000)* |
|  [ ]  $1,000**Medical Payments** Limit per person [ ]  $2,000 [ ]  $5,000 |
| **Personal Injury** Each limit       *(As required by state law)***Protection** |
| **Uninsured Motorists** CSL       *(As required by state law)* |
| **Physical Damage** | Comprehensive deductible       | *Please indicate on schedule which vehicles desire Physical Damage.* |
| Collision deductible       |
| **General Liability** | CSL       |
| Aggregate       *(Aggregate up to 3 times)* |
| **Premises Medical** $5,000 limit per person **Payments** |
| **Garagekeepers Legal Liability** | Limit Location 1       |
| Limit Location 2       |
| Limit Location 3       |
| Limit Location 4       |
| Deductible       |
| *Note: Adequate limits should be***On-Hook/Cargo** Limit **Please indicate on vehicle schedule.** *selected to cover the highest valued**item “on-hook”/”in-tow.”* |
| **Broadened Property Coverage***\*Please note: This coverage can be selected only if Commercial Property Coverage exists.* |  [ ]  Include  [ ]  Exclude |

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| **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 injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.” |
| **RHODE ISLAND**“Notwithstanding any similar requirements in title 28, every claim form and application for insurance, regardless of the form of transmission (not applicable to any claim form for health insurance which is on a form promulgated by the centers for Medicare and Medicaid Services, or in electronic format pursuant to 45 C.F.R. Part 162, or to reinsurance)” |
| **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:      Signature of Applicant:

**KBK VEHICLE SCHEDULE**

Insured Name:

Date:

|  |
| --- |
| **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      |
| 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      |
| 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      |
| 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      |
| 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      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |

**KBK DRIVER LIST Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Driver’s Name | DOB | Date of Employment | Status | Commercial Driving Experience | Tow Truck Experience | Company Use Only |
|  | VIOL | ACC | DEL | ADD |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
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 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
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 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
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 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
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 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
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 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
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 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  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.)? [ ]  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 Signature:       |

ADDITIONAL NOTES: