

# Wrecker, Repossessor, Garagekeepers & On-Hook Supplemental Application

**Note: This supplement is to be completed in conjunction with the ACORD 125, 127 (Business Auto Policy) or ACORD 132 (Truckers Policy) & a state specific ACORD 137**

**Note: For Fleet Accounts (5 or more power units), the following information is required:**

1. Copy of driver handbook or written explanation of driver hiring/training/firing guidelines.
2. Copy of formal Safety Program or written explanation of informal safety program.
3. Three to five year hard copy loss runs for prior insurance coverage. If risk is a new venture, send three-year employment history and experience for owners.
4. Copy of vehicle maintenance schedule, including sample maintenance logs.

## Section I - General Information

1. Policy Period Desired \_\_\_\_\_ Phone # \_\_\_\_\_
2. Insured Name \_\_\_\_\_ Fax # \_\_\_\_\_
3. (dba) \_\_\_\_\_
4. Physical Address (if diff. from mailing ) \_\_\_\_\_
5. Have you ever operated under another name?  Yes  No
6. If "Yes," what was the name of that operation? \_\_\_\_\_

## Section II-A – General Description of Operations

1. Select all that apply and show percentages for each; must total 100% :  
 For Hire Wrecker \_\_\_\_\_  
 Wrecker Repo \_\_\_\_\_  
 Wrecker with Garage Dealer \_\_\_\_\_  
 Wrecker with Service Operation \_\_\_\_\_  
Total 100%
2. Indicate types of units hauled and percentages for each; must total 100% (check all that apply):  
 Private Passenger & Pick UPS/Van \_\_\_\_\_  Light Trucks \_\_\_\_\_  Medium Trucks \_\_\_\_\_  Heavy Trucks \_\_\_\_\_  
 EX-HVY Trucks \_\_\_\_\_  Tractors \_\_\_\_\_  HVY Truck-Tractors \_\_\_\_\_  EX-HVY Tractors \_\_\_\_\_  
 Trailers \_\_\_\_\_  Watercraft (must be incidental, 20% or less) \_\_\_\_\_

**NOTE: If transporting cargo other than the types of units listed above; submit to company for approval.**

3. Indicate the percentage of tow revenue by source (check all that apply):  
 Auto Clubs \_\_\_\_\_  State/City/Local Contracts \_\_\_\_\_  Commercial Contracts \_\_\_\_\_  Police Scanner \_\_\_\_\_  
 Other (Be specific) \_\_\_\_\_

## Section II-B – Description of Operations: REPOSSESSOR OPERATIONS

1. List primary customers for which you repossess (written contract/agreement required): \_\_\_\_\_
2. How are vehicles repossessed? Describe in detail, including identification verification. \_\_\_\_\_
3. How is owner notified of impending repossession (check all that apply)?  Applicant or  Lienholder/creditor
4. Are police notified?  Yes  No; If "Yes," do they accompany you on repossession?  Yes  No
5. How are confrontations handled? (Check all that apply):  Walk away  Call Police  
 Other (Be specific): \_\_\_\_\_
6. Does the applicant or any employee carry firearms?  Yes  No  
**NOTE: Policy is issued with a Firearm Exclusion, where approved by state filing.**
7. Do you subcontract the towing of repossessed autos to others?  Yes  No  
**NOTE: If "Yes," company approval is required to quote account.**
8. Give names of all repossession associations with whom you are affiliated: \_\_\_\_\_
9. If you are requesting coverage for a storage lot, advise length of time units will be stored. \_\_\_\_\_

10. If state licensing laws are applicable to this operation, give license #: \_\_\_\_\_

**Section II-B – Description of Operations GARAGEKEEPERS**

**Private Passenger Types & Light PU's-\$50,000 maximum per vehicle -\$500 minimum deductible applies. Medium & heavier Trucks & Truck Tractors-\$120,000 maximum per vehicle-\$500 minimum deductible applies.**

- 1. Coverage:  Legal Liability or  Direct Primary  
 Comp/Collision or  SCOL/Collision  
 Deductible: (select one)  \$500 or  \$1000
- 2. If Direct Primary coverage is requested, describe procedure taken to check for prior damage to vehicle: \_\_\_\_\_

- 3. Location #1: \$ \_\_\_\_\_ / \_\_\_\_\_ Address: \_\_\_\_\_  
 Per vehicle /Per location (\$500,000 max) City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Location #2: \$ \_\_\_\_\_ / \_\_\_\_\_ Address: \_\_\_\_\_  
 Per vehicle /Per location (\$500,000 max) City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Location #3: \$ \_\_\_\_\_ / \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Per vehicle /Per location (\$500,000 max) City: \_\_\_\_\_ Zip: \_\_\_\_\_

- 4. Is there a written "take home" policy for tow vehicles?  Yes  No  
 If "Yes," describe: \_\_\_\_\_
- 5. Are "response time" bonuses/penalties in place?  Yes  No  
 If "Yes," describe: \_\_\_\_\_
- 6. Does risk tow hazardous materials?  Yes  No  
**NOTE: If the answer is "yes" to question #6, coverage can not be offered for this risk.**
- 7. Does risk allow customers to assist in loading/unloading disabled vehicles?  Yes  No  
**NOTE: If the answer is "yes" to question #7, coverage can not be offered for this risk.**
- 8. Units stored in open lot?  Yes  No
- 9. Units stored in building?  Yes  No

**Section II-C – Description of Operations ON-HOOK**

**When written with Garagekeepers, the per vehicle limit must be lower than or equal to the Garagekeepers aggregate limit. Private Passenger Types & Light PU's-\$50,000 maximum per vehicle -\$500 minimum deductible applies. Medium & heavier Trucks & Truck Tractors-\$120,000 maximum per ehicle-\$500 minimum deductible applies**

- 1. Coverage (select one):  Legal Liability or  Direct Primary
- 2. Deductible (select one):  \$500 or  \$1000
- 3. If Direct Primary coverage is requested, describe procedure taken to check for prior damage to vehicle: \_\_\_\_\_
- 4. Limit: \_\_\_\_\_ / \_\_\_\_\_  
**Per vehicle Aggregate (\$500,000 maximum)**

**Section III - Area of Operations**

- 1. Define normal areas of operation, i.e., Cities, States
- 2. Do you operate over a regular route?  Yes  No  
 If "Yes," describe: \_\_\_\_\_
- 3. List largest cities entered in each state: \_\_\_\_\_
- 4. Radius of operation  0-100  101-300  **301-500**  
**NOTE: If radius is over 300 miles, company approval is required to quote the account.**

**Section IV - Driver Information**

- 1. Do you carry Worker's Compensation?  Yes  No  
**NOTE: If no and fleet account; company approval is required to quote the account.**
- 2. Driver pre-hire procedure used (check all that apply)  Application  MVR check  Driver test  
 Written test  Pre-Employment Physical  Employment Reference Check
- 3. Are periodic reviews of drivers MVR's conducted?  Annually  Semi-Annually  Other (Be specific)
- 4. Do you report drivers to your agent within **14 days** of employment?  Yes  No  
**NOTE: If the answer is "no", company approval is required to quote the account.**

5. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?  
 Yes  No If "Yes," explain: \_\_\_\_\_
6. How are drivers paid?  Per Load  Per Hour  Per Mile  Other(describe) \_\_\_\_\_
7. What is the wage level of your drivers compared to the industry?  
 Average  Below Average  Above Average
8. What is your annual driver turnover? \_\_\_\_\_%

**Section V – Equipment Information**

1. Do you interchange equipment with other carriers?  Yes  No  
 If "Yes," give details: \_\_\_\_\_
2. Is there specialized equipment attached to any unit? (check all that apply)  
 Booms  refuse grapples  hooks  Other: \_\_\_\_\_
3. If more than one unit insured, describe which unit is specially equipped. \_\_\_\_\_
4. Check all applicable Body Types and indicate how many units of each type:  
 Side loader \_\_\_\_  Front loader \_\_\_\_  Roll off \_\_\_\_  Pumper \_\_\_\_  Packer \_\_\_\_  Rollback \_\_\_\_  
 Other: \_\_\_\_\_
5. Check all applicable Structure Types and indicate how many of each type:  
 Stainless steel \_\_\_\_  Metal \_\_\_\_  Fiberglass \_\_\_\_  Aluminum \_\_\_\_  Other \_\_\_\_\_

**Section VI - Safety and Maintenance**

1. Give Details of Safety Program (*Be specific*): \_\_\_\_\_
2. Are any of the following procedures in place? (check all that apply)  
 Company work rules  Driver Training Program  Safety Program/Meeting  Driver Discipline Program  
 Hazardous Waste ID Training  Burning Load Fire Training
3. How often is vehicle maintenance done and by whom? \_\_\_\_\_
4. Describe your accident reporting procedures: \_\_\_\_\_
5. Describe security at Garaging Location (check all that apply):  Units locked when not in use  
 Keys kept in lock box  Well lit lot  Fenced lot  Lot attended 24 hours  Burglar Alarm (describe)  
 Guard Dog on Premises  Commercial area  Residential area  Other: \_\_\_\_\_
6. Do you have a driver safety incentive program?  Yes  No  
**NOTE: If yes, attach written description of informal program or attach a copy of your formal program.**
7. Is there safety equipment attached to any unit? (check all that apply)  cut off switches  strobe lights  
 tarps  back up alarms  Video Monitors  Automated Can Dumping Arm  2-Way Radio  
 DriveCam  Other: (Be specific): \_\_\_\_\_

Are your trailers retrofitted with Reflective tape or Reflectors?  Yes  No

**Section VII- Additional Insured & Waiver of Subrogation**

**NOTE: If request for Additional Insured and/or Waiver of Subrogation is made by a landfill or an environmental group, insurance company approval is required.**

**Section VIII- Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer or files a statement of a claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.**

Applicant's Signature	Date
Witness	Date
Agent's or Broker's Name (Please print)	Agent's Signature
Telephone # /	License #