

Producer Name _____ **Code#** _____ **Date:** _____
Telephone# _____ **Fax#** _____ **Email Address:** _____
Applicant Name: _____ **Business Name:** _____
Street Address: _____ **City:** _____ **Zip:** _____
Garaging Zip Code (if different than above): _____ **Years Tow Truck Experience:** _____

DESCRIBE BUSINESS OPERATIONS & TYPE OF VEHICLES BEING TOWED

New ventures eligible as long as all drivers have a minimum of 3 years experience driving tow trucks
 How many years prior insurance under the business name listed above? _____

PRIOR INSURANCE INFORMATION

	Eff dates (month/year)	Company Name	# of Losses	Paid Out	Annual Premium
Current					
Year Prior					
Year Prior					

COVERAGE

Liability Limits:	Medical	UM Limit:
_____ \$750,000 CSL	_____ \$1,000	_____ \$30,000
_____ \$1,000,000 CSL	_____ \$5,000	_____ \$60,000

ON-HOOK COVERAGE

_____ \$25,000
_____ \$50,000
_____ \$100,000
*New Ventures eligible for only \$25,000

DRIVERS SCHEDULE - MVR MUST BE ATTACHED IN ORDER TO QUOTE

	Name	Class Lic.	Date of Birth	Yrs Tow Truck Exper	Past 36 Months		
					# Accidents	# Moving	# Non-Moving
1							
2							
3							
4							

TOW TRUCK TYPE *5+ units require completed app & 3 years loss runs

	Year	Make - Model	Body Type	VIN	Physical Damage	
					Stated Value	Deductible
1						
2						
3						
4						

WHEEL LIFTS

SINGLE AXLE



DOUBLE AXLE



CAR CARRIER/FLATBED

GVW 0 -18,00 lbs.



GVW 18,000+ lbs.

