

RF Colony Repossessor Tow Truck Application

Section I - General Information

Policy Period:	Effective:	Expiration:	Phone #	
1. Insured Name:			Fax #	
2. Mailing:		City	ST	Zip
2a Address:		City	ST	Zip

3. Insured is: Individual-Sole-proprietor, Partnership Corporation Limited Liability Corp.
4. Describe the type of business/operations **REPOSSESSION**
5. Years operating this business:
Have you ever operated under another name? Yes No, If yes, what name
6. In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or renewal refused?
 Yes No If Yes, explain

7. Gross receipts last year \$	Estimate gross receipts for coming year \$
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8. Average annual miles driven per truck

9. Percentage of the types of roads traveled:

4 lane Streets or Highways	%	2 lane Streets or Highway	%	Dirt Roads	%
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Section II - Area of Operations

10. What are your normal geographic areas of operation? r
11. Name the largest City and State that you operate in:
12. Radius of operation 0-100 101-200
13. Do you ever exceed 200 miles? Yes No If yes, explain:

Section III- Driver Information

14. Do you carry Worker's Compensation that includes your drivers? Yes No
15. Do you have a **copy of driving and criminal records** on all drivers PRIOR TO HIRING? Yes No
16. How are drivers paid? Per Repo, Per Hour, Salary, Commission Other (describe)
- 17.. How many drivers did you hire in the past 12 months. Drivers terminated in the past 12 months
18. What criteria do you have in place for acceptability of drivers?
- Which of the following training courses do you provide to your recovery agents?
CCRS, **CARS**, **RSIG**, **Professional Repossessors Training Guide** , **OTHER** (send a copy)
19. Are periodic reviews of all drivers conducted? Yes No If yes, how often? **Annual**
20. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record? Yes No
If Yes, **explain in detail. warning, termination**

Section IV – Vehicle Information, Safety and Maintenance

21. Number of Owned vehicles: Pickups Trucks Tractors Semi Trailers Trailers
22. Number of Leased vehicles: Pickups Trucks Tractors Semi Trailers Trailers
- A: Do others operate under your Federal or State Trucking authority? Yes No If yes, explain
- B: Do you ever lease your Trucking Authority to others? Yes No If yes, explain
23. Is this insurance to cover all owned, leased and operated vehicles? Yes No If No, please explain
24. Do you hire or borrow trucks? Yes No, If yes, please explain and give estimated annual cost of hire.
25. Do you loan or rent any of your trucks to others? Yes No. If yes, please explain
26. Do you have a written formal safety program in effect? Yes No. If yes, **attach a copy**
27. Do you have a written formal safety incentive program? Yes No If yes, **attach a copy**
28. Explain your maintenance program, How often is maintenance done and by whom?
qualified mechanic
29. Describe your accident reporting procedures:
report to police and insurance company
30. Is there safety equipment attached to any unit?
(Be specific Anti theft devices, tarps, back up alarms etc.,)
31. If applicable: Are your trailers retrofitted with Reflective tape or Reflectors? Yes No Don't have Trailers

Section V - Filing Information

32. Do you hold a Federal Highway Administration Filing? Yes No FHA #Number
33. Does any State you operate have DOT registration? Yes No State DOT#r
34. **Are DOT or BMC filings required for you to operate?** Yes No
Failure to provide accurate information may result in delayed filings and **authority revocation.**
35. Is any special filing required such as oversize, overweight, city or hazardous permit? Yes No

Section VI- Coverage and Limits Requested

36. **Liability Limits \$1,000,000**
37. Do you desire **Uninsured/Underinsured Motorist** coverage? Yes No
If yes, enter desired limit up to 100,000 \$, if no limit is indicated, the minimum statutory limit will be quoted.
38. Do you desire **Personal Injury Protection** coverage? Yes No Not applicable
If yes, enter desired limit \$, if no limit is indicated, the minimum statutory limit will be quoted.
39. **COMPREHENSIVE AND COLLISION DEDUCTIBLES: \$1,000 \$2500 Not applicable**

Section VII – Repossessors Supplemental Questions

40. List primary customers for which you repossess (written contract or agreement required).
41. How are vehicles repossessed? Please describe procedures in detail, including identification verification.
RECV ORDER, LOCATE VERIFY VIN# REPOSSESS.
42. Do you use temporary employees to repossess vehicles? Yes No If Yes, How often?

43. Percentage of repossessions are done by you or your employees ? Percentage of repossessions done by <u>your 1099 personnel</u> ? Total=100%:	Driven	%	Towed	%
	Driven	%	Towed	%
	Driven	%	Towed	%

44. Do you subcontract repossessions? Yes No If "Yes" Attach copy of contract
Do you forward repossession orders? Yes No If "Yes" Attach copy of forwarding contract

45. Estimated Annual number of repossessions	#	Total
Repossessions via Tow Truck or Rollback	#	Tow
Repossessions via Drive-Away	#	Drive-away

46. What you repossess:	Percentage	Type of Operation:	Percentage
Autos, SUVs, Pickups	%	Repossession Towing & Transport	%
Commercial Trucks	%	Towing for hire (the public)	%
Heavy Trucks & Semis	%	Parking Lot Impounds	%
RVs & Boats	%	Other Non-Repo Transport	%
100%		100%	

47. Who notifies the debtor/owner of an impending repossession? **LENDER**
48. Are police notified? Yes No Do the police ever accompany you on repossessions? Yes No
49. Does applicant conduct any other related operations, unrelated to repossessions? Yes No
(e.g. Private Detective, Investigation, Collection) If "Yes", explain:
50. Are state licensing laws applicable to this operation? Yes No If "Yes" **Attach a Copy**
51. Do you have a company policy on possession of firearms & weapons? Yes No **Attach a Copy**
52. Do you have a company policy on hostile debtor confrontations & breach of peace? Yes No **Attach a Copy**
53. Give brief explanation of the Owner/Managers experience in the repossession industry

Name	Yrs of Exp	Job Responsibilities

54. Are you a member of any professional association? Yes No **AFA**, **ARA**, **NFA**, **TFA**, **Other** ,

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 the insurance company may request an inspection of my office and storage facilities by an independent service provider.

Applicant's Signature

Date

Witness

Date

	Tow Truck & Storage Locations	City	State	Zip Code	Maximum # of Cars Stored	Total Value of all Cars on Lot
1.					#	\$
2.					#	\$
3.					#	\$

	Year	Mfg.	Model#	Truck Type	Vehicle Identification#	Value of Truck & Bed	Location #
1.						\$	
2.						\$	
3.						\$	
4.						\$	
5.						\$	

	Driver's Full Name	Date of Birth	Driver's License#	Yr Hired	Full/Part Time	Yrs. of Repo Exp	JOB Description
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Applicants Signature _____, Date: _____
 Print Name of Signee _____