



**Tow Trucks/Wreckers Supplemental Application**  
(Complete in addition to the Commercial Automobile Application)

Applicant Name: \_\_\_\_\_

**1. Type of Operation:**

- Tow for hire:.....%
- Body Shop/Tow: .....%
- Repair Shop/Tow: .....%
- Salvage/Tow: .....%
- Repossession: .....%
- Voluntary:.....%
- Involuntary:.....%
- Other: .....%
- If other, describe: \_\_\_\_\_

**2. Type of Vehicles Towed:**

- Private Passenger: .....%
- Tractor/Trailer: .....%
- Non-Auto (Watercraft, Heavy Equipment, etc.):.....%
- Specialized: .....%
- If specialized, describe: \_\_\_\_\_

**3. Percentage of Towing:**

- Police Rotation: .....%
- Municipal Contracts: .....%
- Garages:.....%
- Emergency Scanners:.....%
- Non-Consent Towing (abandoned vehicle, illegal parking, etc.):.....%
- Motor Club Contracts:.....%
- Dealerships:.....%
- Rental Car Contracts: .....%
- Telephone Request:.....%
- Other: .....%
- Describe: \_\_\_\_\_

**4. Driver Tow Training/Experience:**

Does every driver have a certificate of tow truck operation training from an accredited school, such as AAA, CTTA, etc.? .....  Yes  No

If yes, please provide a copy of the current certificate for each driver.

If no, please describe for each driver who provided past training and number of years of tow truck operator experience. If none, what is your minimum requirement of training and experience for the drivers?

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5. Are passengers allowed to ride in your vehicle? .....  Yes  No  
\_\_\_\_\_ %

6. Do you operate on a 24/7 basis? .....  Yes  No

7. Is Emergency Road Service provided? .....  Yes  No

8. Any dealer/transporter/repo plates? .....  Yes  No  
If yes, how many plates do you have?..... \_\_\_\_\_

9. Is there a storage lot? .....  Yes  No

**If yes, please answer the questions below:**

Fenced on all four sides? .....  Yes  No

Fence at least four feet high? .....  Yes  No

If yes, type of fence? \_\_\_\_\_

Ground Lot Surface:  Paved  Other: \_\_\_\_\_

Describe lighting and other security devices (camera, police patrol, dogs, etc.):

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Describe all vandalism or theft claims and whether reimbursed by an insurance company or not:

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10. Name of insurance company providing Garagekeepers Liability (if none, indicate none): \_\_\_\_\_

11. Name of insurance company providing General Liability or Garage Liability Coverage for your operation (if none, indicate none): \_\_\_\_\_

12. Any automobile sales or abandoned vehicle sales? .....  Yes  No  
If yes, how many vehicles are sold annually? ..... \_\_\_\_\_

13. Do you have a salvage yard? .....  Yes  No  
If yes, are customers allowed to come in the yard and remove parts? .....  Yes  No

14. Vehicle Schedule—1

Vehicle Schedule \_\_\_\_\_ of \_\_\_\_\_

Include value of permanently attached wrecker equipment to the value of each vehicle for physical damage coverage.

Unit #	Yr/Make/Model/ VIN	Wrecker Make/Model	GVW	Stated Amount	Deductible Comp/SP Collision	# of Vehicles Towed	In-Tow Limit Desired	Avg/Max Radius	Leased Vehicle
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No

**Vehicle Schedule—2**

Vehicle Schedule \_\_\_\_\_ of \_\_\_\_\_

Include value of permanently attached wrecker equipment to the value of each vehicle for physical damage coverage.

Unit #	Yr/Make/Model/VIN	Wrecker Make/Model	GVW	Stated Amount	Deductible Comp/SP Collision	# of Vehicles Towed	In-Tow Limit Desired	Avg/Max Radius	Leased Vehicle
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)