

PO Box 949, Troy, OH 45373
 (800) 648-0357 Fax: (877) 311-6887
www.coxspecialty.com

Agent Name _____
 and Address _____
 Phone (____) _____ - _____

TOWING APPLICATION

GENERAL INFORMATION

Proposed effective date ____/____/____ FMCSA MC# _____ US DOT# _____
 Legal Name of Applicant _____
 DBA Name (if applicable) _____
 Mailing Address _____
 Applicant is Individual Joint Venture Corporation LLC Partnership Other, Describe _____
 Years In Business _____ Current ownership's years of experience _____
 Inspection Contact _____ Phone (____) _____ - _____
 Have you ever been cancelled or non-renewed? (do not answer if risk is located in MO) Yes No
 a. If yes, please explain _____

LOCATION INFORMATION

#	Street Address, City, County, State, Zip	Use of Location
1		
2		
3		
4		
5		

**FIVE LARGEST CLIENTS FOR WHICH THE APPLICANT TOWS
 (Including police, commercial and auto clubs)**

#		Contract?
1		<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Yes <input type="checkbox"/> No
4		<input type="checkbox"/> Yes <input type="checkbox"/> No
5		<input type="checkbox"/> Yes <input type="checkbox"/> No

OPERATIONAL REVENUE

Towing _____ % *Repossession Voluntary _____ % Salvage Yard/Auto Dismantling _____ %
 Service Garage-Body Shop _____ % *Repossession Involuntary _____ % Auto Dealer _____ %
 Service Garage-Auto Repair _____ % *Sale/Disposal of Repossessed Autos _____ % Other _____ %

*if any repossession, complete Repossessor's Supplemental Application

SAFETY MANAGEMENT

1. Name and title of person in charge of the safety program: _____
2. Do you keep the following records in a Written or Electronic format at your company
 Safety Manual Disciplinary/Termination Policy Accident Review Policy
 Driver Training Manual Drug Testing Policy Vehicle Take Home Policy
3. How often do you hold safety meetings? _____
4. Do you have a NO guns policy and is it enforced? Yes No
5. Do you allow **anyone other than employees or customers** to ride along with drivers? Yes No

DRIVER MANAGEMENT

- 1. Do you understand that all new drivers must be submitted to the insurance company for approval prior to hiring? Yes No
- 2. Pre-hire Screening: Check the items you require as part of your pre-hire process?
 Employment Application Motor Vehicle Report (MVR) Check Job References
 Drug Test Physical Road Test
- 3. Check each item you maintain on your drivers Yearly MVR Yearly Physical Random Drug Test
- 4. Do ALL of your drivers meet the federal, state and local license classification requirements? Yes No
- 5. How are drivers compensated? Hourly Weekly Commission Salary 1099
- 6. How many drivers quit or were fired last year? _____
- 7. How many did you hire last year? _____
- 8. Are the drivers your employees? Yes No
a. If no, name of contractor _____
- 9. Do you use owner operators? Yes No
- 10. Do you require your drivers to take outside training courses? Yes No
a. If yes, what courses? _____

MAINTENANCE

- 1. Do you maintain the following Written or Electronic records? Maintenance Logs on Each Vehicle Vehicle Inspections
- 2. How often are vehicles inspected? Daily Weekly Monthly
- 3. Who performs the maintenance on your equipment? Independent ASE Certified Shop ASE Certified Employee
- 4. Are your vehicles subject to ANNUAL INSPECTION by the STATE? Yes No

GENERAL OPERATIONS

- 1. Do you operate out of a residence? Yes No
- 2. Do you have police band radios in wreckers? Yes No
a. If yes, explain use _____
- 3. Do you have an ownership interest or operate any other business? Yes No
a. If yes, provide name and physical address _____
b. Describe the business's operations _____
c. What is the relationship between the business indicated and the business we are being asked to insure? _____
d. Are there any other businesses operating at any of your locations? Yes No
If yes, describe: _____
- 4. Are you a subsidiary of another entity or does applicant have any subsidiaries? Yes No
a. If yes, name and describe _____
- 5. Any vehicles leased, loaned or rented to or from others? Yes No
a. If yes, describe: _____
b. Are these vehicles included in the attached schedule? Yes No
c. If no, explain why _____
- 6. Describe customized or special equipment OTHER THAN tow equipment _____
- 7. Breakout the per trip mileage for your fleet: 0-100 Miles _____ % 101-300 Miles _____ % Over 300 Miles _____ %
- 8. Do you own or sponsor a car for racing? Yes No

9. Days and hours of operation _____
- a. Are you available 24-7? Yes No
10. Do you have a dealer's license? (If yes, complete Auto Dealer application) Yes No
- a. Number of dealer plates: _____
- b. Are dealer plates permanently attached to any vehicle? Yes No
- c. If yes, description of vehicle _____
- d. Any personal use of the plates? Yes No
11. Do you have any transporter plates? Yes No
- a. ID#s _____
- b. If Yes, describe their specific use: _____
- _____
12. Do you carry Workers Compensation? Yes No
- a. Carrier and policy period? _____
13. What is the total number of vehicles you own? _____
14. Do you pick up or deliver customer's cars other than Towing? Yes No
- a. If yes, describe and include radius: _____
15. Do you do any dismantling or salvage? Yes No
- (If Yes, complete the Salvage Supplemental Application)
16. Do employees regularly use their own vehicles on company business? Yes No
- a. If yes, explain: _____
17. Is there any public parking on your premises for which a charge is made? Yes No
- a. If yes, number of units per month _____
- b. Monthly receipts \$ _____
18. Do you have any dogs on premises? Yes No
- a. If yes, number _____
- b. Breed(s) _____
19. If storing cars, for whom and under what circumstances are autos stored? _____
- _____
20. Any change in operation, number of vehicles in the last 3 years? Yes No
- a. If yes, please explain _____
21. Do you use air bags in your towing and recovery operations? Yes No
- a. If yes, how many bags? _____
22. Do your drivers use the following to perform a tow? Safety Chains Wheel-lift Straps Towing Lights
23. Do you, at any time, perform snow plowing? Yes No
24. Do you use any Telematics, GPS or Cameras in your vehicles? Yes No
- a. If yes, please describe providers and who monitors the data?
- _____
- _____

25. Have you hauled anything other than vehicles within the past 3 years (including incidental hauls)?

Yes No

If yes, complete the following:

Item(s) Hauled	Value	Radius	Vehicle Used	How Often

a. Which drivers handle these operations? _____

PLEASE INDICATE ANY FILINGS REQUIRED:

DOT # _____ MC # _____ State ID# _____

- Form E: Indicate States Required: _____
- Form H: Indicate States Required: _____
- FMCSA BIPD (BMC 91x)
- FMCSA Cargo (BMC 34)
- MC-126-DS-J (WV Dealer Certificate)
- Other: _____

1. Do you ever perform secondary tows of hazardous materials? Yes No

If yes, please explain: _____

2. Do you ever move hazardous materials on a primary haul basis? Yes No

If yes, please explain: _____

LOCATION SECURITY INFORMATION

Loc Num	Fenced	Fence Height (ft)	Fence Type	Gates Locked at Night	Watchman	Alarm	Average # of Cars
1	<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	
2	<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	
3	<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	
4	<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	
5	<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	

PRIOR INSURANCE AND LOSS HISTORY

Policy Period	Insurance Company	Limits	Premium	# of Losses	Amount

ATTACH COPY OF INSURANCE COMPANY LOSS RUNS

SERVICE SECTION

1. Do you perform any service or repair work? Yes No

2. Indicate percentage of the following types repaired:

	Repair		Repair
Private Passenger, Light & Medium Truck	_____ %	Heavy Truck / Semis	_____ %
Busses	_____ %	Semi Trailers	_____ %
Contractors Equipment	_____ %	Trailers, Other Than Semi Trailers	_____ %
Emergency Vehicles	_____ %	Recreational Vehicles	_____ %
Farm Equipment	_____ %	Other	_____ %
ATV, UTV, Scooters, Golf Carts	_____ %	Describe _____	

3. Indicate percentage of work type:

Alignment	_____ %	Muffler	_____ %	Suspension / Frame	_____ %
Batteries	_____ %	Oil & Lube	_____ %	Tires	_____ %
Body (Not Fiberglass)	_____ %	Paint	_____ %	Transmission	_____ %
Brakes	_____ %	Radiator	_____ %	Tune up	_____ %
Engine Overhaul	_____ %	Roadside Assistance	_____ %		
Frame Straightening	_____ %	Describe _____			
Custom Fabrication	_____ %	Describe _____			
Performance Enhance	_____ %	Describe _____			
Other	_____ %	Describe _____			

4. Are signs posted to keep customers out of the work area? Yes No N/A

5. If customers enter the work area, are they always accompanied by an employee? Yes No N/A

6. Do you perform any spray painting? Yes No

a. If yes, are all spray painting operations completed in a separate, ventilated booth/room? Yes No

b. If you have a booth, is it UL approved? Yes No

c. Does the painting area have explosion proof electrical/lights? Yes No

d. Are paints/solvents stored in a fire resistive cabinet outside of the painting area? Yes No

7. Are solvent waste, oily rags and flammable liquids kept in fire resistant covered containers until removed from the worksite? Yes No N/A

8. If you sell or service tires, please complete the following section: No tire sales or service

a. Do you sell, install or service racing tires? Yes No

b. Do you sell, install or service Recap / Retread Tires? Yes No

c. Do you perform quality control to verify proper installation, tightened lug nuts and matched tire sizes? Yes No

TIRE SALES I do not sell any tires

d. Gross Receipts - Tire sales & installation: _____

e. Do you sell new tires manufactured more than three (3) years ago? Yes No

f. When selling less than a full set of tires, are the newest always installed on the rear axle? Yes No

g. Do you sell used tires manufactured over four (4) years ago, or with less than 4/32 of useable tread depth? Yes No

h. If you sell used tires, what method do you use to mark them? _____

TIRE SERVICE I do not service any tires

i. Will you work on split rims? Yes No

(1) if yes, do you use a cage? Yes No

j. Work performed (check all that apply) Fixing Flats Tire Rotation Tire Siping Comp Cutting

Other Describe: _____

COVERAGES AND LIMITS DESIRED

Automobile Liability	Combined Single Limit (CSL) \$ _____ (up to \$1,000,000)																													
Hired Auto Liability	<input type="checkbox"/> Yes Cost of Hire \$ _____																													
Non-Owned Liability	<input type="checkbox"/> Yes																													
Auto Medical Payments	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000																													
Personal Injury Protection	(As required by state law)																													
Uninsured/Underinsured Motorists	CSL \$ _____ Signed state form selecting or rejecting coverage where required																													
General Liability	Each Occurrence \$ _____ Aggregate \$ _____ (up to 3 times)																													
Premises Medical Payments	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000																													
Garagekeepers	<table border="0"> <tr> <td>Perils</td> <td><input type="checkbox"/> Specified Causes of Loss and Collision</td> <td rowspan="5"> <p>Garagekeepers provides coverage for "customer's autos" left with you for service, repair, storage or safekeeping.</p> <p>Limits must be equal to or higher than on-hook limits.</p> </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Comprehensive and Collision</td> </tr> <tr> <td>Basis</td> <td><input type="checkbox"/> Legal Liability</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Direct Primary</td> </tr> <tr> <td>Deductible</td> <td><input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</td> </tr> <tr> <td>Limit Location 1</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Limit Location 2</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Limit Location 3</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Limit Location 4</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Limit Location 5</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>MAX LIMIT PER AUTO</td> <td>\$ _____</td> <td></td> </tr> </table>	Perils	<input type="checkbox"/> Specified Causes of Loss and Collision	<p>Garagekeepers provides coverage for "customer's autos" left with you for service, repair, storage or safekeeping.</p> <p>Limits must be equal to or higher than on-hook limits.</p>		<input type="checkbox"/> Comprehensive and Collision	Basis	<input type="checkbox"/> Legal Liability		<input type="checkbox"/> Direct Primary	Deductible	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Limit Location 1	\$ _____		Limit Location 2	\$ _____		Limit Location 3	\$ _____		Limit Location 4	\$ _____		Limit Location 5	\$ _____		MAX LIMIT PER AUTO	\$ _____	
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Limit Location 4	\$ _____																													
Limit Location 5	\$ _____																													
MAX LIMIT PER AUTO	\$ _____																													
On-Hook/Cargo	Show limit on vehicle schedule. Limit should reflect the highest valued item "on-hook"/"in-tow"																													
Additional Insured(s) and Relationship	<input type="checkbox"/> Blanket AI or schedule individually																													
Waiver of Subrogation	<input type="checkbox"/> Blanket Waiver of Subro or schedule individually																													
Customer's Cargo Coverage Enhancement	<input type="checkbox"/> Yes Provides coverage for customer's cargo while in tow. See form for details.																													
OHIO Stop Gap	\$ _____ Each Accident \$ _____ Each Person Disease																													
Repossessor's E&O	<input type="checkbox"/> Yes																													
Other coverage(s) / Options	_____ _____ _____ _____																													

For Property Coverage, please attach ACORD form 140

VEHICLE SCHEDULE

Physical Damage Type: Comprehensive & Collision Specified Causes & Collision

Indicate on schedule which vehicles desire physical damage with a stated amount and deductibles supplemental schedule attached

Vehicle 1

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 2

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 3

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 4

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 5

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 6

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

FRAUD STATEMENTS

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.

STATE SPECIFIC PROVISIONS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicant _____

Signature _____

Date _____