

**KBK INSURANCE GROUP**

1425 Sams Ave. • Harahan, LA 70123  
 1-800-229-5927 • FAX 504-736-9030

Date \_\_\_\_\_

**SALVAGE & RECYCLERS INSURANCE APPLICATION**

APPLICANT INFORMATION			
Legal Name of Company		Effective Date of Coverage	
Mailing Address		City:	State:
			Zip Code:
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	Years in Business
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other (describe)	
<b>Inspection</b> Contact: _____		Phone: _____	Federal ID# _____
LOCATION INFORMATION			
#	Street, City, County, State, Zip Code		Use of Location
1			
2			
3			
4			
5			

OPERATION	# OF EMPLOYEES	PAYROLL	RECEIPTS
Salvage/Recycling		\$	\$
Repair Service		\$	\$
Used Car Sales		\$	\$
Tow Truck		\$	\$
Body Shop		\$	\$
Service Station		\$	\$
Tire Sales		\$	\$
Other (Describe)		\$	\$

1. Does Applicant operate out of residence? ..... Yes No
2. a. Is applicant involved in anything other than salvage or recycling? ..... Yes No  
 b. If yes, explain \_\_\_\_\_
3. Does the Applicant own or sponsor a car for racing? ..... Yes No
4. Does the Applicant understand all new drivers/employees must be submitted to the insurance company for approval prior to hiring? ..... Yes No
5. Does the applicant belong to the Salvage or Recycler State or National Association? ..... Yes No
6. Does the applicant have a state license to operate a salvage operation? ..... Yes No
7. a. Does the Applicant carry Worker's Compensation Insurance? ..... Yes No  
 b. Policy Period: \_\_\_\_\_  
 c. Insurance co. \_\_\_\_\_

8. a. Does Applicant loan, lease or rent vehicles to others? ..... Yes No  
b. If yes, describe: \_\_\_\_\_  
c. Are these vehicles included in the attached schedule? ..... Yes No  
d. If no, explain why \_\_\_\_\_
9. a. Is there a formal safety program in operation? ..... Yes No  
b. If yes, number of meetings held monthly \_\_\_\_\_  
c. What type topics are discussed? \_\_\_\_\_  
d. Who conducts? (Include a copy of written safety program if one exists.) \_\_\_\_\_
10. a. Is applicant subsidiary of another entity or does applicant have any subsidiaries? ..... Yes No  
b. If yes, name and describe: \_\_\_\_\_
11. What is the total number of vehicles (service, private passenger, tow trucks) the Applicant owns? \_\_\_\_\_
12. Are customers allowed to pull their own parts? ..... Yes No
13. a. Are customers ever allowed in the salvage yard? ..... Yes No  
b. If yes, what precautions are taken? \_\_\_\_\_  
\_\_\_\_\_  
c. Are "Employees Only" signs posted prominently in areas where customers are prohibited? ..... Yes No
14. a. Are vehicles stacked? ..... Yes No  
b. If yes, how many uncrushed cars are stacked upon each other? \_\_\_\_\_
15. a. Does the Applicant own a car crusher? ..... Yes No  
b. If yes, how are the crushed cars transported from the premises? \_\_\_\_\_  
c. Does the Applicant crush cars for others? ..... Yes No
16. How does the Applicant dispose of cars that have no value?: \_\_\_\_\_
17. a. Does the Applicant have any Dealer Plates? ..... Yes No  
b. If yes, how many? \_\_\_\_\_  
c. Plate numbers: \_\_\_\_\_  
d. What are the dealer plates used for? \_\_\_\_\_  
e. Any dealer plate(s) permanently attached to a vehicle or used for personal use? ..... Yes No
18. Does the Applicant salvage or recycle anything other than vehicles? ..... Yes No
19. Are gasoline tanks drained and flushed prior to entering the yard? ..... Yes No
20. a. How does the Applicant store used motor oil or other pollutants from vehicles? \_\_\_\_\_  
\_\_\_\_\_  
b. Describe protection around these tanks \_\_\_\_\_  
\_\_\_\_\_  
c. How are the pollutants removed from the premises or disposed? \_\_\_\_\_  
\_\_\_\_\_
21. Does Applicant use metal containers with lids to store oily rags and flammable liquids? ..... Yes No
22. a. Any welding performed? ..... Yes No  
b. If yes, what safety precautions are taken? \_\_\_\_\_  
c. Is the welding area separated from the salvage operations? ..... Yes No

**KBK SALVAGE & RECYCLERS INSURANCE APPLICATION**

23. a. Does Applicant own a tow truck? ..... Yes No  
 b. If yes, is the tow truck used for contract work, police rotation or any towing for others? ..... Yes No  
 c. Any repossession work? ..... Yes No  
 d. Snow plowing for others? ..... Yes No  
 e. Does the Applicant have a vehicle maintenance program? ..... Yes No  
 f. Does the Applicant haul crushed vehicles? ..... Yes No
24. a. Does the Applicant sell used cars? ..... Yes No  
 b. If yes, how many cars are sold each year? \_\_\_\_\_  
 c. Does a salesperson accompany the customer when test driving on **every** test drive? ..... Yes No  
 d. If no, is the customer's drivers license retain for security? ..... Yes No  
 e. Are there any circumstances where a customer test drives alone without leaving his license? ..... Yes No  
 d. If yes, explain \_\_\_\_\_
25. a. Where are the keys for cars for sale kept during open hours? \_\_\_\_\_  
 b. During closed hours? \_\_\_\_\_
26. Does the Applicant rebuild cars then sell them? ..... Yes No
27. a. Does Applicant have dogs on Premises? ..... Yes No  
 b. If yes, number \_\_\_\_\_ Breed \_\_\_\_\_  
 c. Are they Police/security trained Guard Dogs? ..... Yes No  
 d. Are "Beware of Dog" signs posted on gate? ..... Yes No  
 e. Are dogs penned up during business hours? ..... Yes No

Location	Fenced	Height	Gates Locked at Night	Watchman	Alarm	Proper Lighting
Loc. #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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loc. #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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loc. #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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loc. #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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance Co.	Year	Premium	Limits	Deductible	# of Losses	Amount
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$

**Attach copy of insurance company loss runs.**

28. a. Has Applicant ever been cancelled or non-renewed?(Do not answer if risk is located in MO) ..... Yes No  
 b. If yes, why? \_\_\_\_\_

COVERAGES AND LIMITS DESIRED		
<b>Automobile Liability</b>	CSL <span style="float: right;"><i>(Up to \$1,000,000)</i></span>	
<b>Medical Payments</b>	Limit per person	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000
<b>Personal Injury Protection</b>	Each limit <span style="float: right;"><i>(As required by state law)</i></span>	
<b>Uninsured Motorists</b>	CSL <span style="float: right;"><i>(As required by state law)</i></span>	
<b>Physical Damage</b>	Comprehensive deductible	<i>Please indicate on schedule which vehicles desire Physical Damage.</i>
	Collision deductible	
<b>General Liability</b>	CSL	
	Aggregate	<i>(Aggregate up to 3 times)</i>
<b>Premises Medical Payments</b>	\$5,000 limit per person	
<b>Garagekeepers Legal Liability</b>	Limit Location 1	
	Limit Location 2	
	Limit Location 3	
	Limit Location 4	
	Deductible	
<b>On-Hook/Cargo</b>	Limit <b>Please indicate on vehicle schedule</b>	<i>Note: Adequate limits should be selected to cover the highest valued item "on-hook"/"in-tow".</i>

## Fraud Warnings:

### ARKANSAS

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

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### COLORADO

"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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

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### DISTRICT OF COLUMBIA

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

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### FLORIDA

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

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### KENTUCKY

"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."

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### LOUISIANA

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

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### MAINE

"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, or denial of insurance benefits."

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### NEW JERSEY

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

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### NEW MEXICO

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

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### OHIO

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

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### OKLAHOMA

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

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**PENNSYLVANIA**

“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.”

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**RHODE ISLAND**

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company, including failure to disclose a conviction of arson, for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

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**TENNESSEE**

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

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**VIRGINIA**

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

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**WEST VIRGINIA**

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

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**ALL OTHER STATES**

“Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.”

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**NO COVERAGE IS BOUND UNTIL ACCEPTED BY THE COMPANY.**

Date: \_\_\_\_\_

Signed \_\_\_\_\_

Applicant

**KBK VEHICLE SCHEDULE**

Insured Name: \_\_\_\_\_

Date \_\_\_\_\_

<b>Vehicle #</b>							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	<b>Deductibles:</b>	<b>Comp</b>	<b>Collision</b>	<b>On-Hook</b>	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
<b>Vehicle #</b>							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	<b>Deductibles:</b>	<b>Comp</b>	<b>Collision</b>	<b>On-Hook</b>	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
<b>Vehicle #</b>							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	<b>Deductibles:</b>	<b>Comp</b>	<b>Collision</b>	<b>On-Hook</b>	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
<b>Vehicle #</b>							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
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Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
<b>Vehicle #</b>							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	<b>Deductibles:</b>	<b>Comp</b>	<b>Collision</b>	<b>On-Hook</b>	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		

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**KBK DRIVER LIST**

Date \_\_\_\_\_

Driver's Name	DOB	Date Of Employment	Status	Commercial Driving Experience	Tow Truck Experience	Company Use Only			
						VIOL	ACC	DEL	ADD
1.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
2.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
3.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
4.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
5.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
6.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
7.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
8.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
9.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
10.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
11.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
12.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
13.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
14.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
15.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
16.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
17.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
18.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
19.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
20.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						

Have you identified every possible driver of an insured vehicle including those who may fill in during peak periods and emergencies? (Such as members of households, friends, etc.)?..... Yes No

\_\_\_\_\_, understands and agrees that on any proposed addition or substitution of driver, the MVR must be submitted to the insurance company for approval prior to hire.

(name of Applicant)

\_\_\_\_\_  
Applicant's Signature

**ADDITIONAL NOTES:**

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