

KBK INSURANCE GROUP

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

Date _____

TOWING 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)	
Inspection 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
Towing		\$	\$
Service Station		\$	\$
Auto Mechanic		\$	\$
Auto Body Shop		\$	\$
Used Car Sales		\$	\$
Dismantling/Salvage		\$	\$
Repossession		\$	\$
Trucking *If Trucking Section Completed, Need Receipts		\$	\$
Other (Describe)		\$	\$

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

1. Does Applicant operate out of residence? Yes No
 2. Is the towing done for these entities under contract? Yes No

KBK TOWING INSURANCE APPLICATION

3. a. Does the Applicant have police band radios in wreckers? Yes No
b. If yes, explain use _____
4. a. Is the Applicant involved in any repossession? Yes No
b. If yes, are the repossessions voluntary or involuntary?
c. How many repossessions are performed each month? _____
5. Is the Applicant involved in anything other than towing? (If yes, please complete the Operation Section.) Yes No
6. Does the Applicant understand all new drivers must be submitted to the insurance company for approval prior to hiring? Yes No
7. a. Is applicant subsidiary of another entity or does applicant have any subsidiaries? Yes No
b. If yes, name and describe: _____
8. a. Is there a formal safety program in operation? Yes No
b. If yes, number of meetings held monthly _____
c. Who conducts? (Include a copy of written safety program if one exists.) _____
9. Is there a written vehicle maintenance program in operation? Yes No
10. a. Any vehicles leased, loaned or rented to others? Yes No
b. If yes, describe: _____
c. Are these vehicles included in the attached schedule? Yes No
d. If no, explain why _____
11. Describe customized or special equipment OTHER THAN tow equipment: _____

12. a. Any ICC filings required? Yes No
b. Any PUC filings? Yes No
c. If yes, list below:
Name _____
Address _____
d. If yes, does Applicant comply with all record keeping required by D.O.T.? Yes No
e. Is MCS 90 Required? Yes No
f. Authority is granted in the name of: _____
g. Does the Applicant allow anyone to operate under its permit? Yes No
13. Dealer Plates # _____ ID#'s _____
14. a. Are Dealer Plates permanently attached to any vehicle? Yes No
b. If yes, give description of vehicle: _____
c. What are the dealer plates used for? _____
d. Any personal use of the plates? Yes No
15. a. How many times monthly does the Applicant go beyond 50 miles? _____
b. How many time monthly does the Applicant go beyond 200 miles? _____
c. What cities? _____
16. a. Does the Applicant carry Workers Compensation? Yes No
b. Policy Period: _____
c. Insurance co. _____
17. What is the total number of vehicles the Applicant owns? _____
18. a. Does the Applicant pick up or deliver customer's cars other than Towing? Yes No
b. If yes, what radius of operation? _____

19. a. Any Tire Sales? Yes No
 b. If yes, receipts \$ _____
 c. How does the Applicant dispose of used tires? _____
 d. Does the Applicant sell new or used tires?
 e. Any tire recapping or retreading performed? Yes No
20. Does the Applicant own or sponsor a car for racing? Yes No
21. a. Any spray painting performed? Yes No
 b. If yes, does Applicant have an UL approval spray booth? Yes No
22. a. Any welding performed? Yes No
 b. If yes, where is welding performed? _____
 c. Any protective screens used? Yes No
23. a. Does the Applicant operate a service station?..... Yes No
 b. Type service station is Self-Service Full-Service Both
 c. Does the Applicant operate:..... C-Store
Car wash
 d. Gallons sold annually _____
 e. How many pumps does the Applicant have? _____
 f. Does the Applicant have a pollution liability policy on the underground storage tanks? Yes No
24. a. Does the Applicant do any dismantling or salvage? Yes No
 b. If yes, how many number of units annually? _____
 c. Does the Applicant own a crushing machine? Yes No
 d. If yes, describe here: _____
 e. Is public allowed to removed parts from vehicles? Yes No
 f. Is public allowed access to the salvage area?..... Yes No
25. a. Do employees regularly use their own vehicles on company business?..... Yes No
 b. If yes, explain _____
26. a. Does the Applicant have any public parking for which charge is made? Yes No
 b. If yes, number of units per month _____
 c. Monthly Receipts \$ _____
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	Avg. # of Cars
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	
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	
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	
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	
Loc. #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	

28. Days and hours of operation _____

29. If storing cars, for whom and under what circumstances are autos stored by the Applicant?

30. a. Any change in operation, number of vehicles in the last 3 years? Yes No
 b. If yes, please explain _____

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

Attach copy of insurance company loss runs.

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

Driver Information:

32. a. Does the Applicant require written application? Yes No
 b. Does the Applicant check references? Yes No
 c. Does the Applicant check driving records? Yes No
 d. List any Towing Schools attended _____
33. How are Drivers paid? Hourly Weekly Commission Salary
34. a. Does the Applicant have a safe driving incentive program? Yes No
 b. If yes, explain: _____
35. a. Are the Drivers the Applicant's employees? Yes No
 b. If no, name of contractor _____
36. Does the Applicant use owner operators? Yes No

This Section must be completed if Applicant hauls anything other than vehicles. Include all incidental hauls:

37. Has the Applicant hauled anything other than vehicles within the past 3 years, (including incidental hauls)? Yes No
 If so, please complete the SECTION below.

Items(s) Hauled	Value	Radius	Vehicle Used	How Often

38. Which Drivers handle these operations? _____
39. a. Does the Applicant use air bags in its towing and recovery operations? Yes No
 b. If yes, how many bags? _____
If coverage for equipment is desired, please attach list of equipment with I.D.#s and values.
40. Does the Applicant always use safety chains? Yes No
41. a. Does the Applicant, at any time, perform snow plowing? Yes No
 b. If yes, who does the Applicant plow for? _____

COVERAGES AND LIMITS DESIRED		
Automobile Liability	CSL <i>(Up to \$1,000,000)</i>	
Medical Payments	Limit per person	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000
Personal Injury Protection	Each limit <i>(As required by state law)</i>	
Uninsured Motorists	CSL <i>(As required by state law)</i>	
Physical Damage	Comprehensive deductible	<i>Please indicate on schedule which vehicles desire Physical Damage.</i>
	Collision deductible	
General Liability	CSL	
	Aggregate	<i>(Aggregate up to 3 times)</i>
Premises Medical Payments	\$5,000 limit per person	
Garagekeepers Legal Liability	Limit Location 1	
	Limit Location 2	
	Limit Location 3	
	Limit Location 4	
	Deductible	
On-Hook/Cargo	Limit Please indicate on vehicle schedule	<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."

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."

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."

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."

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."

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."

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."

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."

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."

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."

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."

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.”

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.”

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.”

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.”

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.”

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.”

NO COVERAGE IS BOUND UNTIL ACCEPTED BY THE COMPANY.

Date: _____

Signed _____

Applicant

KBK VEHICLE SCHEDULE

Insured Name: _____

Date _____

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

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:
