



COLONIAL GENERAL INSURANCE AGENCY, INC.

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(801) 290-1144 WATS (800) 594-8900
Fax (801) 290-1160 Toll Free (800) 332-9285

Tow Truck Operators Supplemental Application (Complete in addition to the Commercial Automobile Application)

Applicant's Name: _____

1. Indicate type of operations conducted.

- Towing only
 Body Shop/Tow
 Auto Repair/Tow
 Salvage/Tow
 Sales of Automobiles
 Other—Describe: _____

2. Number of employees hired in the last twelve (12) months: _____

3. Percentage of Towing

Dealerships.....%	Emergency Scanners.....%
Emergency Road Service.....%	Garages.....%
Impound.....%	Non-Consent Towing.....% (Abandoned Vehicle, Illegal Parking, etc.)
Municipal Contracts.....%	Motor Club Contracts.....%
Police Rotation.....%	Rental Car Contracts.....%
Repossession.....%	Telephone Requests.....%
Voluntary.....%	
Involuntary.....%	
Other.....% Describe: _____	

4. Type of Vehicles Towed:

Private Passengers/Pick-ups.....%	Heavy/Extra Heavy Truck-Tractors/Trailers.....%
Motor Homes.....%	Non-Auto (Watercraft, Heavy Equipment, etc.).....%
Specialized.....% Describe: _____	

5. Number of dealer/transporter/repo tags: _____

6. Are passengers allowed to ride in your vehicle? Yes No

7. Are customers allowed to ride in their vehicle while being towed? Yes No

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

9. Any guaranties, warranties, hold harmless or waiver of subrogation agreements? Yes No

If "Yes," explain: _____

10. Do employees use any vehicles for personal use? Yes No

11. Have all drivers received certification from an accredited school, such as AAA, CTTA, etc.? Yes No

12. Are vehicles/equipment loaned or rented to others? Yes No

13. Are vehicles equipped with alarms? Yes No

14. Vehicle Schedule

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

Unit No.	Year/Make/Model/VIN	Type of Wrecker	GVW	No. of Vehicles Towed	In-Tow Limit Desired	Avg/Max Radius
		<input type="checkbox"/> Flatbed <input type="checkbox"/> Hook & Chain <input type="checkbox"/> Wheel Axle <input type="checkbox"/> Integrated				
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Flatbed (Rollback or Slide)—The entire back of the truck is fitted with a bed that can be hydraulically inclined and moved to ground level, allowing the customer's vehicle to be placed on it under its own power or pulled by a winch.

Hook and Chain (Sling or Belt Lift)—Chains are looped around the vehicle frame or axle, which is drawn aloft by a boom winch to rest against a pair of heavy rubberized mats so the customer's vehicle can be towed on its other axle.

Wheel-Lift (Axle Cradling)—A large metal yoke is fitted under the front or rear wheels to cradle them, drawing the front or rear end of the vehicle clear of the ground by a pneumatic or hydraulic hoist so it can be towed. This apparatus generally picks up the drive wheels of the vehicle (i.e. the front wheels if it is front wheel drive, the rear wheels if it is rear wheel drive) touching only the tires.

Integrated (Snatcher or Repo Truck)—Boom and wheel-lift integrated into one unit. Used predominantly to repossess vehicles or move illegally parked vehicles. Most have controls for the apparatus inside the cab of the tow truck to make quick pickup possible without the inconvenience of exiting the truck to hook up the vehicle.

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. **(Not applicable to Nebraska, Oregon or Vermont).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK AUTOMOBILE FRAUD WARNING: 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.

APPLICANT'S NAME AND TITLE: _____

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)

Agent Email: _____ Preferred Method of Correspondence Email Fax Mail

Applicant Email: _____ Preferred Method of Correspondence Email Fax Mail