



REPOSSESSOR'S PROGRAM

APPLICATION FOR INSURANCE

Applicant's Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE.
Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.
3. Please attach the following information:
 - A. Operating Procedures, Sample Customer Contract and Sample Letter of Assignment
 - B. Current MVRs for all employees who drive tow trucks or customer vehicles
 - C. Copy of Repossessors license if applicable

1. General Information

Proposed Effective Date: _____

- A. Name of Applicant: _____
- B. Form of Business: ☐ Corporation ☐ Partnership ☐ Individual ☐ Joint Venture ☐ Other _____
- C. Website: _____ Years in Business: _____
- D. Contact Name: _____ Title: _____ Telephone No. _____
Email Address: _____ Fax No.: _____
- E. Mailing address: _____

- G. Locations:

Place an (X) in the appropriate box

#	Address	Office	Storage Lot	Storage Building

- H. List state, regional, or national trade associations of which the Applicant is a member:

- I. Are repossession agencies required to be licensed or registered in your State? ☐ Yes ☐ No
- J. Are you in compliance with State requirements? ☐ Yes ☐ No

REPOSSESSOR'S PROGRAM

APPLICATION FOR INSURANCE

K. Explain all "Yes" responses?

1. Is the Applicant a subsidiary of another entity or does the Applicant have any subsidiaries? ☐ Yes ☐ No
2. Any policy or coverage declined, cancelled, or non-renewed during the prior three (3) years? ☐ Yes ☐ No
3. Has the Applicant ever been the subject of disciplinary action by a governmental bureau or agency? ☐ Yes ☐ No

Explanation(s):

2. Physical Characteristics:

A. Premises Security:

1. Is storage lot chained? ☐ Yes ☐ No
2. Is open lot fenced? ☐ Yes ☐ No
3. Does fencing include barbed or razor wire at top? ☐ Yes ☐ No
4. Is the lot completely lighted at night? ☐ Yes ☐ No
5. Are attendants or night watchman employed? ☐ Yes ☐ No
6. Are dogs on the premises? ☐ Yes ☐ No
7. Is an alarm system used? ☐ Yes ☐ No

If yes, explain (manufacturer, type, extent of protection, installment and servicing company, certificate number):

- B. Any exposure to flammables, explosives, or chemicals? ☐ Yes ☐ No

If yes, explain: _____

REPOSSESSOR'S PROGRAM

APPLICATION FOR INSURANCE

C. Owned Vehicle Description:

[illegible]

D. Do any owned vehicles have the following equipment?

Unit #

- | | | | |
|--|------------------------------|-----------------------------|-------|
| 1. Transformer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2. The Dynamic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3. The Eagle Claw? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4. Wheel Lift? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5. Illusion package? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6. Roll back style unit (a/k/a flatbed)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 7. Fire Extinguishers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 8. Babaco Alarms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

F. How many dealer plates does the agency have? _____ Repossessor Plates? _____

G. Is there a written vehicle maintenance program? ☐ Yes ☐ No

H. Are files maintained which document vehicle inspections, maintenance, and repairs? ☐ Yes ☐ No

3. Operations

A. In which states does the Applicant operate?

Provide the total recovery income percentage (%) derived in each state (the sum of must equal 100%):

B. Estimated annual number of repossessions? _____

C. How much does Applicant charge for each Recovery? _____

REPOSSESSOR'S PROGRAM

APPLICATION FOR INSURANCE

D. Total income from recovery operations in the last twelve (12) months: _____

E. Amount of total recovery income percentage (%) derived from repossession of (the sum must equal 100%):

1. Private passenger vehicles _____
2. Commercial units _____
3. Recreational Vehicles _____
4. Watercraft _____
5. Mobile equipment _____
6. All Other (please explain below) _____

F. Amount of additional income from customer vehicle storage: _____

G. Number of units towed annually in non-repossession operations: _____

H. Total income from operations other than recovery and vehicle storage operations in the last twelve (12) months: _____

I. Amount of total income percentage (%) derived from these operations (the sum must equal 100%):

1. Auction _____
2. Auto / truck repair and service _____
3. Used and / or new car sales _____
4. Other (please explain below) _____

J. What percentage of recovery operations are (the sum for each line below must equal 100%):

- | | | | |
|------------------------------|---------|-----------------------------|---------|
| 1. Performed under contract? | _____ % | vs. Individual Assignments? | _____ % |
| 2. Voluntary surrender? | _____ % | vs. Self help? | _____ % |
| 3. Drive Away? | _____ % | vs. Towed? | _____ % |

K. Vehicle Storage:

- | | Location #1 | Location #2 | Location #3 |
|----------------------------|-------------|-------------|-------------|
| 1. Average number of units | _____ | _____ | _____ |
| 2. Maximum number of units | _____ | _____ | _____ |
| 3. Average total values | _____ | _____ | _____ |
| 4. Maximum total values | _____ | _____ | _____ |

L. Average number of days a vehicle is stored? _____

REPOSSESSOR'S PROGRAM

APPLICATION FOR INSURANCE

M. How are recovered units disposed of (the sum must equal 100%)?

- | | | | |
|----|---|-------|---|
| 1. | Returned directly to customer | _____ | % |
| 2. | Taken directly to auction lot | _____ | % |
| 3. | Taken to own storage lot for temporary storage | _____ | % |
| 4. | Taken to own storage lot and sold by recovery agent | _____ | % |

N. If recovered units are sold by agency, are potential buyers allowed to test drive? ☐ Yes ☐ No

O. When towing, are safety chains always used? ☐ Yes ☐ No

P. Does the Applicant have ICC authority? ☐ Yes ☐ No

1. Docket number: _____
2. Authorized states: _____

Q. Are any recoveries subcontracted? ☐ Yes ☐ No

If yes, what percentage (%) is subcontracted? _____

4. Policies and Procedures

A. Are tow trucks left loaded at night? ☐ Yes ☐ No

B. Are keys removed from recovered units and stored in a locked compartment in Applicant's office? ☐ Yes ☐ No

C. Is personal use of recovered vehicles permitted? ☐ Yes ☐ No

Note: Coverage is excluded for personal use of customer vehicles.

D. What are Applicant's procedures for relinquishing units?

1. To debtor? _____

2. To Customer? _____

E. Are formal written policies in place that address the following activities? ☐ Yes ☐ No

- | | | |
|----|---|--|
| 1. | Verifying the identity of customers who place phone orders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Verifying the client has a lien on the unit for which repossession is being requested | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Confirming the bankruptcy status of specific debtors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Identifying the subject unit in the field | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Proper disposal of firearms and illegal drugs found inside recovered units | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Prompt and accurate completion of reports after a vehicle has been recovered | <input type="checkbox"/> Yes <input type="checkbox"/> No |

REPOSSESSOR'S PROGRAM

APPLICATION FOR INSURANCE

7. Professional handling of confrontations with debtors, spouses, third parties, and other potentially hostile situations ☐ Yes ☐ No
8. Prohibitions against the carrying and use of firearms ☐ Yes ☐ No
9. Notifications of the police or sheriff's department prior to and/or after accomplishing a recovery ☐ Yes ☐ No
10. Acceptable recovery techniques, including prohibitions against and definitions against "wrongful repossession" ☐ Yes ☐ No
- F. Do the Applicant's contracts with customers and/or assignments letter contain a "hold harmless" clause indemnifying the Applicant for wrongful acts committed based on inaccurate information provided by the customer? ☐ Yes ☐ No
- G. Is an accident review program in place? ☐ Yes ☐ No

5. Record Keeping

- A. Are assignment letters and notices of seizure retained in file for at least two (2) years? ☐ Yes ☐ No
- B. Are records kept on each business transaction which outlines:
1. Date the assignment was received? ☐ Yes ☐ No
 2. Date the unit was recovered and stored? ☐ Yes ☐ No
 3. Date the unit was released to the customer or otherwise disposed of? ☐ Yes ☐ No
 4. Final disposition of the account? ☐ Yes ☐ No
- C. Is a complete and accurate inventory made of personal effects left in recovered units, signed and witnessed by recovery agency employees? ☐ Yes ☐ No
- D. Is a copy of the personal property inventory given to the debtor within 48 hours of recovery? ☐ Yes ☐ No
- E. Are debtors required to sign the inventory form when retrieving personal property? ☐ Yes ☐ No

If "no", explain:

- F. How are deadly weapons or illegal drugs found among personal effects disposed of?

- G. Is a vehicle condition report completed immediately following each recovery? ☐ Yes ☐ No
- H. Is a repossession report used to document:
1. The date, time, and place the vehicle was recovered? ☐ Yes ☐ No
 2. The method of repossession? ☐ Yes ☐ No
 3. The debtor's reaction? ☐ Yes ☐ No
 4. The steps taken to locate the collateral and related expenses? ☐ Yes ☐ No
 5. The confirmation that the police or sheriff's department was notified? ☐ Yes ☐ No

REPOSSESSOR'S PROGRAM

APPLICATION FOR INSURANCE

6. Employee Selection and Training

A. How many employees does the Applicant have in each category?

	Full-Time	Part-Time
1. Field Adjusters	_____	_____
2. Skip tracers (inside)	_____	_____
3. Clerical	_____	_____
4. Dispatchers	_____	_____
5. Night Watchman	_____	_____
6. Investigators (outside)	_____	_____
7. Salespersons	_____	_____

B. Does the Applicant have a certified locksmith on staff?

☐ Yes ☐ No

C. Is a file kept on each employee which contains employment application?

☐ Yes ☐ No

D. Documentation of prior employment and reference checks?

☐ Yes ☐ No

E. Motor vehicle reports and criminal record checks?

☐ Yes ☐ No

F. New employee orientation checklist?

☐ Yes ☐ No

G. Does the applicant have a formal policy for the following:

1. Periodically pull and review driver motor vehicle reports?

☐ Yes ☐ No

2. Define and identify problematic motor vehicle reports?

☐ Yes ☐ No

3. What action is taken in the event a problematic motor vehicle report has been identified?

(Please describe) _____

H. Is an orientation checklist completed on each new employee which documents training on:

1. Repossession procedures?

☐ Yes ☐ No

2. Debtor confrontation methods?

☐ Yes ☐ No

3. Surveillance techniques?

☐ Yes ☐ No

4. Industry legal requirements?

☐ Yes ☐ No

5. Vehicle hook-up and towing techniques?

☐ Yes ☐ No

6. Customer communications?

☐ Yes ☐ No

7. Acceptable driving practices?

☐ Yes ☐ No

8. Completion of reports?

☐ Yes ☐ No

9. Definition of "wrongful" recovery?

☐ Yes ☐ No

I. Are employees properly licensed for the type of vehicle(s) they must operate?

☐ Yes ☐ No

J. Are prospective employees given a road test?

☐ Yes ☐ No

K. List information on all employees who drive tow trucks or customer vehicles?

Name	Date of Birth	Driver License Number	State

REPOSSESSOR'S PROGRAM

APPLICATION FOR INSURANCE

L. Are all field adjusters issued pocket identification cards or business cards and required to carry the same? ☐ Yes ☐ No

M. How are field adjusters compensated?

N. What is the maximum number of hours employees are permitted to work in a 24-hour period?

7. Miscellaneous

A. Please list Additional Interests/Certificate Holders:

Place an (X) in the appropriate box and explain interest / relationship

Name and Address	Additional Insured	Loss Payable	Other	Interests
				Explain interest / relationship

B. Please provide information on the Applicant's other insurance contracts:

Type	Carrier	Limits	Premium	Policy Term
Automobile				
General Liability				
Workers Comp				
Other (Describe)				

C. Please list your principal customers:

Company	Contact Name	Phone Number

8. Loss History

Enter all claims or occurrences that may give rise to claims, including those involving professional activities for the last five (5) years:

Date of Occurrence	Line of Business	Description	Amount Paid	Amount Reserved

REPOSSESSOR'S PROGRAM

APPLICATION FOR INSURANCE

FRAUD WARNING

Notice to Applicants of all states except California, Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material 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 the person to criminal and civil penalties and denial of insurance benefits.

Notice to California Applicants: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Kentucky Applicants: 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.

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

Notice to New Mexico 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 civil fines and criminal penalties.

Notice to New York Applicants: Any person who knowingly and with the 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each provision.

Notice to Oregon Applicants: Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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 Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established by be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to Virginia 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 include imprisonment, fines and denial of insurance benefits.

Notice to Washington D.C. Applicants: 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.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

The applicant must sign this Application within 45 days prior to the policy inception date

Applicant's Authorized Signature
(of a Principal, Partner or Officer)

Print Name and Title

Date