

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY** OR **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT MIDWEST INSURANCE COMPANY**, A LICENSED INSURER.

Business Trade Name \_\_\_\_\_

**Operations**

1. What is your radius of operation?     0-100 miles     101-300 miles     301+ miles

2. Do you own and use transporter tags? .....  Yes  No

If "Yes":

a. Are any tags used in Driveaway Repossession Operations?  Yes  No

b. Are any of the tags attached to a wrecker? .....  Yes  No

c. **Plate #s:**

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3. What filings are required? \_\_\_\_\_

If filings are required, does this insurance cover all owned, leased and operated vehicles? . . .  Yes  No

4. What percentage of your towing is? (Select all that apply and show percentages – must total 100%)

a. Private Passenger Type Vehicles \_\_\_\_\_%

b. Light/Medium/Heavy Trucks \_\_\_\_\_%

c. Ex-Heavy Vehicles (> 26,000 GVW, including trucks, RVs and equipment) \_\_\_\_\_%

d. Watercraft (add Symbol 32 to GKL) \_\_\_\_\_%

e. Other (describe): \_\_\_\_\_%

5. What percentage of your towing is done for? (Select all that apply and show percentages – must total 100%)

a. For Hire Wrecker (twenty-four (24) hour towing, police rotation, etc.) \_\_\_\_\_%

b. Wrecker Repo (Any repossession operations at all) \_\_\_\_\_%

c. Wrecker with Garage Dealer (towing owned vehicles for your dealer operations) \_\_\_\_\_%

d. Wrecker with Service Operation (towing customer's autos to your shop for service/repair) \_\_\_\_\_%

e. Wrecker with Salvage Operation (used exclusively to tow junk cars for salvage ops) \_\_\_\_\_%

6. Describe your accident reporting procedures:

**Driver Requirements**

7. Do your tow truck drivers have a CDL license if required by the state? .....  Yes  No

If "No", explain:

8. Do you hire tow truck drivers under age twenty-one (21)? .....  Yes  No  N/A (No Employees)

9. Do you and all your drivers have at least two (2) years' experience .....  Yes  No  
 driving a Tow Truck?

**Tow Trucks**

10. Do you have a preventative maintenance program for vehicles? . . . . .  Yes  No  
If "Yes", who performs the maintenance?  Employees  Other (describe): \_\_\_\_\_

11. Are any scheduled autos over twenty (20) years old? . . . . .  Yes  No  
- If "Yes", a Vehicle Inspection is required.  
- If physical damage coverage is provided, include photos of all four sides of the vehicle.

12. Are all Tow Trucks equipped with emergency flashing lights and adequate exterior lighting?  Yes  No

13. Are all the scheduled units registered and titled in the business name? . . . . .  Yes  No  
If "No", explain:

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**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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