

Date \_\_\_\_\_

## TOWING INSURANCE APPLICATION

<b>APPLICANT INFORMATION</b>			
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