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**RECOVERY**

**A. General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Physical Location of Business (if different):

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Producer's Name: Michael Yergey Producer's Contact: mike@yergeyins.com  
(800) 683-1226 / (571) 248-3190

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant is: Individual Corporation Partnership Joint Venture Other: \_\_\_\_\_

Is this a new business? Yes No

If no, how many years has the business been established? \_\_\_\_\_

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**B. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**C. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**D. Desired Insurance**

**Limits of Liability:**

\$50,000/100,000/300,000	\$100,000/250,000/1,000,000
\$100,000/300,000/500,000	\$250,000/500,000/1,000,000
\$100,000/300,000/1,000,000	\$250,000/750,000/1,000,000
\$150,000/300,000/300,000	\$250,000/1,000,000/1,000,000
\$150,000/300,000/1,000,000	\$250,000/1,000,000/2,000,000

**Limit of Garage Keeper’s Legal Liability (GKLL):**

On premises listed in this application:

\$25,000	Direct Primary
\$50,000	
\$100,000	
Other: _____	

**Contractual Liability Indemnification (Employee Dishonesty Only):**

\$100,000  
 \$300,000  
 \$500,000  
 \$1,000,000

**In Tow (On Hook):**

\$25,000  
 \$50,000  
 \$100,000  
 Other: \_\_\_\_\_

**Cargo Limit:**

The transporting of equipment on a trailer or flatbed tow vehicle:

\$25,000  
 \$50,000  
 \$100,000  
 Other: \_\_\_\_\_

1. For garage keeper’s legal liability coverage, please answer the following questions:

- a. Average value in storage locations: \_\_\_\_\_
- b.

	Maximum value in storage, at any one time	Max value per vehicle
Location 1	\$	
Location 2	\$	
Location 3	\$	

**Drive-Away Physical Damage to Vehicles Driven–Physical Damage Limits: Over the road Physical Damage**

Employee Only, Named Operators Coverage Only  
 \$25,000  
 \$50,000  
 \$100,000

3<sup>rd</sup> Party liability coverage and auto liability coverage is the same limit as the Commercial Liability limit selected above.

2. Total number of repossessions: \_\_\_\_\_

<b>By Exposure:</b>	<b>Drive-Away</b>	<b>Tow-Away</b>
By employees in the last 12 months:		
By independent contractors in the last 12 months:		
Expected in the next 12 months:		

3. Drive Away coverage: Only named driver coverage is available.

a. Employees only: Is drive away liability and physical damage (not in-tow or on-hook) coverage required for:

- i. Pickup of vehicles and transportation to a storage site? Yes No
- ii. Delivery of vehicles from the original storage location to another site? Yes No
- iii. Potential test drives, i.e., independent buyers, car lot, etc., which involve the sale of repossessed goods? Yes No

**E. Business Activities**

1. All other services income:

Physical Repair (Auto Body) of Vehicles – Gross Income	\$
Mechanical Repair and Service to vehicles (tune up, radiator, air-conditioning, lube and oil, muffler, brakes, engine rebuilding)-Gross Income.	\$
Storage of Vehicles – Gross Income	\$
Used Car Sales – Gross Sales	\$
Leased Auto Sales	\$
Tire Sales and Service Gross sales	\$
Other (please explain):	\$

2. Do you operate as:

- a. A towing service company? Yes No
- b. An auto drive-away service company? Yes No
- c. A transport company? Yes No
- d. A recovery or repossession agency? Yes No

3. How many of each do you have issued to your agency:

- a. Transportation plates: \_\_\_\_\_  
How are they used? \_\_\_\_\_
- b. Repossessor plates: \_\_\_\_\_  
How are they used? \_\_\_\_\_

4. What kinds of property do you repossess? (check all that apply)



- a. How many owned vehicles are assigned 24 hrs. to an employee and used to and from work and personal use? \_\_\_\_\_
15. Radius of operations (show percentage of total miles driven):  
 0-50 miles: \_\_\_\_\_ % 51-100 miles: \_\_\_\_\_ % 101-200: \_\_\_\_\_ % 201+: \_\_\_\_\_ %
16. Do you have Interstate Commerce Commission (ICC) authority? Yes No  
 If yes,  
 a. What is the ICC Docket Number? \_\_\_\_\_  
 b. List states in which you have operating authority: \_\_\_\_\_  
 \_\_\_\_\_  
 c. Form E Form H Other: \_\_\_\_\_
17. Do you loan vehicles or equipment to customers? Yes No  
 Note: Coverage is excluded for personal use of non-owned customer vehicles
18. Provide a copy of your training program, bid and job contract, customer release of liability form, and a copy of your yellow page ad, if applicable to your business operations.
19. Do you have a written equipment maintenance program? Yes No
20. Is each unit equipped with fire extinguishers? Yes No
21. Are bodies of all trucks and trailers completely closed and equipped with snap locks? Yes No
22. Are trucks equipped with Babaco Alarms? Yes No  
 If no, other alarm used: \_\_\_\_\_
23. Are loaded trucks ever left unattended? Yes No
24. Please answer the following questions related to recover tow truck operations and service vehicles connected with your business:  
 a. Do you use air bags? Yes No  
 b. Do you always use safety chains? Yes No  
 c. Are you equipped with wheel lifts? Yes No  
 d. Do you lift or haul other than vehicles? Yes No  
 If yes, please explain: \_\_\_\_\_
25. Where are keys to customer vehicles kept? \_\_\_\_\_
26. What is the company policy regarding handling of keys? \_\_\_\_\_  
 \_\_\_\_\_
27. What are the circumstances for relinquishing vehicles? \_\_\_\_\_  
 \_\_\_\_\_
28. What are your daily hours of operation? \_\_\_\_\_
29. How are vehicles towed and disposed of? \_\_\_\_\_  
 \_\_\_\_\_
30. Are plates ever provided to other than your employees? Yes No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
31. Maximum number of working hours permitted any one driver during a 24-hour period: \_\_\_\_\_

32. Do you provide Workers' Compensation for all employees, including drivers? Yes No
33. Are the tow trucks or service vehicles that are used for towing equipped with a transformer or dynamic towing system, or similar automatic hook-up capability? Yes No
34. Do you transport any caustic, radioactive, or flammable cargo? Yes No  
If yes, explain: \_\_\_\_\_
35. Do you lease equipment for short periods of time from others? Yes No  
If yes, explain: \_\_\_\_\_
36. Do you haul for other business operations? Yes No  
If yes, explain: \_\_\_\_\_
37. Do you operate under anyone else's permit or authority? Yes No  
If yes, explain: \_\_\_\_\_
38. Do you operate under your permit or authority? Yes No  
If yes, explain: \_\_\_\_\_
39. How are your drivers compensated? \_\_\_\_\_  
\_\_\_\_\_
40. Are vehicles left loaded at night? Yes No  
If yes, explain: \_\_\_\_\_
41. Are trucks with cargo required to be emptied prior to towing? Yes No  
If no, explain: \_\_\_\_\_

### **REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Michael Yergey  
\_\_\_\_\_  
Print Name



**OPERATOR SCHEDULE**

**An electronic list is mandatory for lists that exceed 4 drivers or 4 vehicles.**

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For each driver, complete the following and attach a copy of the driver's MVR and license.

**Driver #** \_\_\_\_\_ **Driver Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: \_\_\_\_\_

**Driver #** \_\_\_\_\_ **Driver Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: \_\_\_\_\_

**Driver #** \_\_\_\_\_ **Driver Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: \_\_\_\_\_

**Driver #** \_\_\_\_\_ **Driver Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: \_\_\_\_\_

**If any driver(s) should be specifically excluded from the policy, please attach a separate list.**

**If available, please attach a copy of the MVR and driver's license for each driver.**

**NOTE:** Driver and vehicle information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

**Vehicle Schedule**

Insured/Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Medallion Number: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		