Transportation – Collateral Recovery

Below are the complete submission underwriting requirements for our Collateral Recovery Program. All of the information being requested is essential to our underwriting analysis and specific to our rating systems. Please provide us with as much detail as possible so that we can work efficiently in quoting and binding this account for your agency!

We require a complete file in order to quote:

1. **COLLATERAL RECOVERY APPLICATION**
2. **DRIVER & VEHICLE SCHEDULE** - Accurate and complete vehicle information (year, make, model, VIN#, GVW, radius) and employee info (including experience). Copies of vehicle registrations would be ideal
3. **LOSS RUNS** – 5 years currently valued
4. **MOTOR VEHICLE REPORTS** - Current MVR's for all drivers
5. **ACCOUNT INFORMATION** - Expiring / target premium, current carrier, and quote need by date
6. **MISCELLANEOUS** - Completed prior employment history form if in business less than 5 years, safety plans for accounts with 10 units or more

Submissions can be directed to **NS_Submissions@norman-spencer.com** or call **800-449-2909 (Option #1).**

NORMAN-SPENCER TRANSPORTATION

Collateral Recovery Application

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH INTENT DEFRAUDS ANY INSURANCE COMPANY OR OTHER PERSON, FILING THIS QUESTIONNAIRE FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant Information

Agency	Producer	Date	
☐ New Business Application ☐ Renewal Application	Proposed Effective Date	Years with this agency	Current Insurance Carrier

Applicant Name	Mailing Address		
Applicant DBA	City	State	Zip
Does entity have ☐ a parent company ☐ any subsidiaries ☐ Yes ☐ No ☐ Names of other operating entity(ies)/list	Phone( )		
	Years in Business Years Under Present Owner		
☐ Individual ☐ Partnership ☐ Corporation ☐ Other	Federal I D #		
Website:	**Expiring Premium $**		
Owner Name ☐ Active?	Insurance Contact for the entity.	Phone( )	
Associations / Trade Groups - Member Since		Which Vetting Company do you use?	

Commercial General Liability Coverage

Per Occurrence Limit		Aggregate Limit (3x Occurrence)	

Motor Carrier Filings

Are any motor carrier filings required? (If yes, please complete the information below)			☐ Yes ☐ No
Federal Motor Carrier (MC) Number		Department of Transportation (DOT) Number	
Insured's name and address EXACTLY as filed with authority:			
☐ BMC91X (liability) ☐ BMC34 (Cargo) ☐ Form E (Liability) ☐ Form H (Cargo) ☐ UCR (Liabiliity)			
States Requiring filings			

Is an MCS 90 Endorsement needed? ☐ Yes ☐ No	If yes, why?
Do you **ever** perform secondary tows of hazardous materials ☐ Yes ☐ No If yes, please explain:	Do you **ever move** hazardous materials on a primary haul basis? ☐ Yes ☐ No If yes, please explain:
Does Insured have Brokerage Authority or provide a brokerage service? ☐ Yes ☐ No If yes, please explain:	Does the Applicant allow anyone to operate under their Permits or Authority? ☐ Yes ☐ No If yes, please explain:

Description of Operations

Current year annual income:	$
How are vehicles transported from your lot to the auction house/creditor?	
How does the driver who will be driving the repossessed vehicle arrive at the location(s) where the vehicle to be repossessed is located?	
Are the drive-away vehicles taken directly to the insured lot?	☐ Yes ☐ No

Specify the total number of repossession performed annually	Number of repos by Drive-away	Number of Involuntary Repos performed	Number of Voluntary repos performed
1. Private Passenger Vehicles/van/pickup up to 10,000 GVW			
2. Commercial Vehicles-10,001-20,000 GVW			
3. Commercial Vehicles-20,001-45,000 GVW			
4. Recreation Vehicles – types ☐ How secured at insured's lot? ☐			
5. Watercraft – Length Trailer Only ☐ Yes ☐ No If recovered by waterway give details Additional Details			
6. Heavy Equipment			

All other service Income (12 month Period) $	**Revenues**	**% of total income**
1. Towing for Hire		
2. Used Car Sales (other than repossessed)/new car sales		
3. Dismantling/Salvage yard		
4. Mechanical Repair and Service to vehicles-tune-up, radiator, air-conditioning, tube and oil, muffler, brakes, engine rebuilding/body shop/auto parts sales		
5. Propane, Butane Sales, or Other Liquefied Petroleum Gas-gasoline sales		
6. Tire Sales and Service new/used/recap		
7. Public Parking-Give detail		
8. All Other Income (Explain)		

Does applicant own or sponsor racing vehicles. If yes, provide details	☐ Yes ☐ No

Employees and Payroll

Number of staff:			
Total:	Full Time:	Part Time:	
	Number	Estimated Annual Payroll	
A. Field Adjusters / Drivers			
B. Office Employees			
C. Mechanics			
Do you provide Workers Compensation for all employees including drivers?			☐ Yes ☐ No
Do you issue any Employee or Independent Contractor a 1099?			☐ Yes ☐ No

Employee Selection and Training

1. What is your minimum hiring age for drivers?	
2. Do all drivers have two years tow/repo driving experience?	☐ Yes ☐ No
3. Are Criminal background checks completed before hiring?	☐ Yes ☐ No
4. Have you or any of your employees been convicted of a crime in the past five years? i. If yes, please list the employee and the crime	☐ Yes ☐ No
5. Are applicants road tested in the type of vehicles they will be operating?	☐ Yes ☐ No
6. Are driving records checked before hiring?	☐ Yes ☐ No
7. How often are driving records checked after hiring? ☐ Annually, ☐ Semi-Annually, ☐ Monthly	
8. Are copies of current MVR's maintained in employee records?	☐ Yes ☐ No
9. Are Drivers required to take Drug Test	☐ Yes ☐ No
10. Has the owner completed a National Certification Program? i. If yes, identify program	☐ Yes ☐ No
11. Are Drivers required to take a "Driver Certification Program"? i. If yes, identify program	☐ Yes ☐ No
12. Does your state require a license? i. If yes: License # ☐ Type ☐ Expiration Date ☐	☐ Yes ☐ No
13. Does your state require the licensing of individual repossessors? i. If yes, do you hire only licensed repossessors?	☐ Yes ☐ No ☐ Yes ☐ No
14. Is personal use of vehicles by employees permitted? i. If yes, is there a written procedure?	☐ Yes ☐ No
15. Are **non-employees** permitted to ride in or operate vehicles? i. If yes, explain:	☐ Yes ☐ No
16. **Do you have a written and enforced policy prohibiting employees from carrying weapons on their person or in a vehicle? (If yes, please attach a copy)**	☐ Yes ☐ No
17. **Do you have a formal policy regarding Invasion of Privacy and methods of handling a hostile debtor? (If yes, please attach a copy)**	☐ Yes ☐ No
18. Do you have **written** safety manual?	☐ Yes ☐ No
19. Do you have a **written** accident review policy?	☐ Yes ☐ No
20. Do you have a **written** driver training program?	☐ Yes ☐ No
21. Do you have a no joy riding policy in place?	☐ Yes ☐ No
Explain your "new hire" repossessor training program (include minimum length of supervised training before new hires are permitted to repossess vehicles on their own): ☐	

Miscellaneous

1.	Do you subcontract work to others? If yes, please explain?	☐ Yes ☐ No
2.	Do you allow your subcontractors to sub-contract the assignments you have given them?	☐ Yes ☐ No
3.	Do you require hold harmless agreements in your favor, certification of liability insurance with limits and coverages equal to or higher than yours, and for your firm to be named as an Additional Insured on the policy from all subcontractors or independent contractors ***Note: Without the protection of the applicant being named as an additional insured to said independent contractor liability policy of insurance, independent contractor coverage will be excluded unless the applicant obtains such certificate and evidence of insurance from the independent contractor.**	☐ Yes ☐ No
4.	Do you provide recovery services to any of the following? (check all that apply)	
	☐ Commercial Lenders (Banks and Finance Companies)	☐ Individual Lenders (Non-commercial)
	☐ Forwarders	☐ Used Car Dealers % of work done
	☐ Title Loan/Pawn Lenders % of work done	☐ Other -
5.	Do you require a favorable Hold Harmless Agreement from your customers? (If yes, provide a copy)	☐ Yes ☐ No
6.	Do your customers require you to list them as a Designated Insured using form CA 2048?	☐ Yes ☐ No
7.	Do you obtain a written authorized assignment for each recovery?	☐ Yes ☐ No
8.	Are all units equipped with fire extinguishers	☐ Yes ☐ No
9.	Does the insured have a written Maintenance program	☐ Yes ☐ No
10.	Percentage of trips made. 0 – 50 Miles, 51- 200 Miles, 201 and Over	
11.	Are personal property and effects of others recovered and securely stored? ☐ Witnessed written inventory ☐ Videotaped inventory ☐ Photographed inventory ☐ Other (please explain): If not, how do you account for personal property of others?	☐ Yes ☐ No
12.	How is personal property and effects returned to owners?	
13.	What is done with deadly weapons or illegal drugs which are found in the personal property and effects removed for inventory?	
14.	What is done with "prescription drugs" found in the personal property and effects recovered?	
15.	Do you recovery freezer units with cargo? If yes, do you complete the delivery? If so, how?	☐ Yes ☐ No ☐ Yes ☐ No

History / Statement

Has your insurance ever been canceled or not renewed by an insurance company? (MO Applicants - Do not answer this question)	☐ Yes ☐ No
Have you <u>had any losses</u> in the last four years?	☐ Yes ☐ No
If yes, are the drivers still employed?	☐ Yes ☐ No

*****If yes attach loss runs*****
*****If you answered "no", please review this next section very carefully *****

Statement of Loss History: <u>No Known Loss Statement</u>

It is a requirement of Norman-Spencer Insurance Agency that we receive your last four years of insurance company loss runs in order to analyze your operations insurability. If you are unable to obtain the four-year history prior to the inception of coverage and you have less than five vehicles to insure, we are willing to accept your statement of NO losses until you can obtain your insurance company loss runs. By signing this application, you are agreeing to provide a complete statement of all losses pertaining to the coverage requested on this application and within forty-five days from coverage inception provide insurance company loss runs

Previous Insurance Company Name	Year	Premiums
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by our agents or us may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

By signing this application, I agree to:

1. **Advise the company of ALL drivers not appearing on the employee list for approval prior to operation of any vehicle insured under this contract at any time during the policy period.**
2. **To provide a signed and completed UM/UIM and or PIP Selection/ Rejection form.**
3. **Permit your representative to physically survey our operation.**
4. **Implement the recommendations and/or training programs suggested to me by the company.**

I, the applicant, understand that this application and all information supplied is part of the application process and will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested. I hereby represent and confirm that I have read all the questions and answers on the application and that, to the best of my knowledge; all information provided in this application is complete, true and correct. I further represent that I have made and will make the necessary periodic maintenance inspection of the premises and the insured vehicles and that all necessary repairs have been made to ensure that my property and vehicles are and will remain safe and in good working condition. It is understood and agreed that no insurance is in effect NORMAN-SPENCER INSURANCE AGENCY and those companies it represents accept this application.

Notice to Applicant: The broker or producer is your (the applicant's) agent and is not an agent of Norman-Spencer Insurance Agency. No producer or broker shall have the right to bind coverage or to; alter, modify, or discharge this application. The producer or broker shall not have the right to alter, modify, discharge or execute any insurance contracts or policies on behalf of Norman-Spencer Insurance Agency.

Applicant's Signature	Position	Date Signed
Producer's Signature	Agency	Date Signed

Additional Information

Name			☐ Loss Payee ☐ Additional Insured ☐ Mortgagee ☐ Certificate Holder
Relationship, or other information			Location # Building(s)
Address			
City	State	Zip	Vehicle numbers(s)
Name			☐ Loss Payee ☐ Additional Insured ☐ Mortgagee ☐ Certificate Holder
Relationship, or other information			Location # Building(s)
Address			
City	State	Zip	Vehicle numbers(s)
Name			☐ Loss Payee ☐ Additional Insured ☐ Mortgagee ☐ Certificate Holder
Relationship, or other information			Location # Building(s)
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