



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** – **All questions must be answered to receive a proposal.**
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 **for all lines of coverage requested**
4. **Prior carriers for requested lines of business must be included on the application.**
5. **MOTOR VEHICLE REPORTS** - Current MVR's for all drivers
6. **ACCOUNT INFORMATION** - Expiring / target premium, current carrier, and quote need by date
7. **MISCELLANEOUS** - Completed prior employment history form if in business less than 5 years, safety plans for accounts with 10 units or more
8. A signed statement with the application from the insured on their letterhead outlining their procedure for handling debtors jumping in cars and their procedure if the police are called on any repossession. We cannot offer quote without this statement.

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



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	
<input type="checkbox"/> New Business Application <input type="checkbox"/> Renewal Application	Proposed Effective Date	Years with this agency	Current Insurance Carrier(s)
Applicant Name	Mailing Address		
Applicant DBA	City	State	Zip
Does entity have <input type="checkbox"/> a parent company <input type="checkbox"/> any subsidiaries <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Names of other operating entity(ies)/list	Phone()		
	Years in Business	Years Under Present Owner	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Federal ID #		
Website:	Expiring Premium \$		
Email address of the Insured	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)
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Motor Carrier Filings

Are any motor carrier filings required? (If yes, please complete the information below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Motor Carrier (MC) Number	Department of Transportation (DOT) Number	
Insured's name and address EXACTLY as filed with authority: <input type="checkbox"/> BMC91X (liability) <input type="checkbox"/> BMC34 (Cargo) <input type="checkbox"/> Form E (Liability) <input type="checkbox"/> Form H (Cargo) <input type="checkbox"/> UCR (Liability)		
States Requiring filings		
Is an MCS 90 Endorsement needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why?	
Do you ever perform secondary tows of hazardous materials <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Do you ever move hazardous materials on a primary haul basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Does Insured have Brokerage Authority or provide a brokerage service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Does the Applicant allow anyone to operate under their Permits or Authority? <input type="checkbox"/> Yes <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____			<input type="checkbox"/> Yes <input type="checkbox"/> No



Employees and Payroll

Number of staff:			
Total:	Full Time:	Part Time:	
		<u>Number</u>	<u>Estimated Annual Payroll</u>
A. Field Adjusters / Drivers			
B. Office Employees			
C. Mechanics			
Do you provide Workers Compensation for all employees including drivers?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you issue any Employee or Independent Contractor a 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are background checks completed before hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are applicants road tested in the type of vehicles they will be operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are driving records checked before hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How often are driving records checked after hiring? <input type="checkbox"/> Annually, <input type="checkbox"/> Semi-Annually, <input type="checkbox"/> Monthly	
8. Are copies of current MVR's maintained in employee records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are Drivers required to take Drug Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has the owner completed a National Certification Program? i. If yes, identify program	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are Drivers required to take a "Driver Certification Program"? i. If yes, identify program	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does your state require a license? i. If yes: License # Type Expiration Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does your state require the licensing of individual repossessioners? i. If yes, do you hire only licensed repossessioners?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is personal use of vehicles by employees permitted? i. If yes, is there a written procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are non-employees permitted to ride in or operate vehicles? i. If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you have written safety manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you have a written accident review policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you have a written driver training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you have a no joy riding policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain your "new hire" repossessioner 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you allow your subcontractors to sub-contract the assignments you have given them?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>Additional Insured</u> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you provide recovery services to any of the following? (check all that apply)	
<input type="checkbox"/> Commercial Lenders (Banks and Finance Companies)	<input type="checkbox"/> Individual Lenders (Non-commercial)
<input type="checkbox"/> Forwarders	<input type="checkbox"/> Used Car Dealers % of work done
<input type="checkbox"/> Title Loan/Pawn Lenders % of work done	<input type="checkbox"/> Other -
5. <input type="checkbox"/> What percentage of your collateral recovery services are for subprime loans	
6. Do you require a favorable Hold Harmless Agreement from your customers? (If yes, provide a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do your customers require you to list them as a Designated Insured using form CA 2048?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you obtain a written authorized assignment for each recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you lock the repossessed unit at any time during the recovery? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are all units equipped with fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the insured have a written Maintenance program	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Percentage of trips made. 0 – 50 Miles, 51- 200 Miles, 201 and Over	
13. Are personal property and effects of others recovered and securely stored? <input type="checkbox"/> Witnessed written inventory <input type="checkbox"/> Videotaped inventory <input type="checkbox"/> Photographed inventory <input type="checkbox"/> Other (please explain): If not, how do you account for personal property of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. How is personal property and effects returned to owners?	
15. What is done with deadly weapons or illegal drugs which are found in the personal property and effects removed for inventory?	
16. What is done with "prescription drugs" found in the personal property and effects recovered?	
17. Do you recovery freezer units with cargo? If yes, do you complete the delivery? If so, how?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No



History / Statement

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

It is a requirement of Norman-Spencer Insurance Agency that we receive your last five years of insurance company loss runs for all coverages being requested in order to analyze your operations insurability. All carriers for all coverages should be listed below. We will not release a proposal without this section being fully completed.

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			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
Relationship, or other information			Location # Building(s)
Address			
City	State	Zip	Vehicle numbers(s)
Name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
Relationship, or other information			Location # Building(s)
Address			
City	State	Zip	Vehicle numbers(s)
Name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
Relationship, or other information			Location # Building(s)
Address			
City	State	Zip	Vehicle numbers(s)
Name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
Relationship, or other information			Location # Building(s)
Address			
City	State	Zip	Vehicle numbers(s)
Name			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Certificate Holder
Relationship, or other information			Location # Building(s)
Address			
City	State	Zip	Vehicle numbers(s)