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**Applicant Information**

Agency	Producer	Date	
<input type="checkbox"/> New Business Application <input type="checkbox"/> Renewal Application	Proposed Effective Date	Years with this agency	
<b>Applicant Name</b>	Mailing Address		
<b>Applicant DBA</b>	City	State	Zip
Does entity have <input type="checkbox"/> a parent company <input type="checkbox"/> any subsidiaries <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 I D #		
Website:	<b>Expiring Premium \$</b>		
Owner Name <input type="checkbox"/> Active?	Insurance Contact for the entity.	Phone( )	
Associations / Trade Groups - Member Since		Current Insurance Carrier	

**Locations/Garagekeepers Coverage Legal Liability Direct Primary**

Location #1:	Limit*		
<b>Square footage of the lot</b>	Deductible		
Location #2	Limit*		
<b>Square footage of the lot</b>	Deductible		
Location #3	Limit*		
<b>Square footage of the lot</b>	Deductible		
Storage Lots (Class code 46622)	Lot 1	Lot 2	Lot 3
A. Is storage lot completely fenced and secured ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Fire Extinguisher accessible at the yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Is an alarm system used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are Surveillance Cameras Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are attendants or night watchmen employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Lot Attended During Business Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Are domestic animals on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Are buildings sprinkler protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Is lot completely lighted at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Keys locked in a secure location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Vehicle Coverages\***

Coverage	Limits	Options	
Liability (CSL)		<input type="checkbox"/> Hired	<input type="checkbox"/> Non-Owned
Medical Payments			
PIP		<input type="checkbox"/> Statutory Minimum	<input type="checkbox"/> Reject (if allowed)
Additional PIP			
Uninsured Motorist		<input type="checkbox"/> Statutory Minimum	<input type="checkbox"/> Reject (if allowed)
Underinsured Motorist		<input type="checkbox"/> Statutory Minimum	<input type="checkbox"/> Reject (if allowed)
UM/UIM (if applicable)		<input type="checkbox"/> With Property Damage	<input type="checkbox"/> Without Property Damage

**For Miscellaneous Equipment Floater and property coverage attach completed Acord applications**

**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 <b>ever</b> perform secondary tows of hazardous materials <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you <b>ever move</b> hazardous materials on a primary haul basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	If yes, please explain:	
Does Insured have Brokerage Authority or provide a brokerage service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Applicant allow anyone to operate under their Permits or Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	If yes, please explain:	

**Description of Operations**

	Revenues	% of total income
1. Towing for Hire		
2. Used Car Sales (other than repossessed)/new car sales <ul style="list-style-type: none"> <li>• How many cars per month?</li> <li>• Are these sales the results of a lien/sales* operation? ? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Is there drive-away used car exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>*lien/sales is defined as selling an unclaimed vehicle after processing the state required paperwork for the title</b></p>		
3. Multi Car Auto/Boat Hauling <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• How many <input type="checkbox"/>cars/<input type="checkbox"/>boats are hauled at one time?</li> </ul>		
4. Repossessions Are <b>Voluntary Repossessions performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who issues the assignment to pick up a car? Does insured confirm that the debtor is properly notified and has agreed to the surrender of the vehicle? Are <b>Drive-away Repossessions performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Are <b>Involuntary Repossessions performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Do you perform any auto repair or auto body work <input type="checkbox"/> Yes <input type="checkbox"/> No Class code (10073) If yes, please complete the Auto repair and or auto body shop section on the NSM Tow supplement		
6. Do you sell any new parts <input type="checkbox"/> Yes <input type="checkbox"/> No class code (10071)		
7. Dismantling/Salvage yard <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please complete Dismantling section on NSM Tow Supplement		
8. Propane, Butane Sales, or Other Liquefied Petroleum Gas-gasoline sales <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Tire Sales and Service new <input type="checkbox"/> used <input type="checkbox"/> recap <input type="checkbox"/> class code (18616)		
10. Public Parking-Give details		
11. Do you operate a <b>Service Station</b> operation at any location scheduled on this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please complete NSM Tow Supplement		
12. <b>Building Not Fully Occupied by the Insured</b> (45539) (Lessor's Risk Only) Square Footage:_____		
13. <b>Vacant Building</b> (68606) (Other than Not for Profit) <input type="checkbox"/> Yes <input type="checkbox"/> No Square Footage:_____		
14. <b>Vacant Land</b> (49451) (Other than Not for Profit) <input type="checkbox"/> Yes <input type="checkbox"/> No Square Footage:_____		
15. All Other Income –Rental <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Does applicant own or sponsor racing vehicles. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details _____		

**Employee Selection and Training**

1. How many drivers were terminated in the last twelve months?	
2. How many drivers did you hire?	
3. What is your minimum hiring age for drivers?	
4. Do all drivers have two years tow experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are Criminal background checks completed before hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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
7. Are applicants road tested in the type of vehicles they will be operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are driving records checked before hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. How often are driving records checked after hiring? <input type="checkbox"/> Annually, <input type="checkbox"/> Semi-Annually, <input type="checkbox"/> Monthly	
10. Are copies of current MVR's maintained in employee records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are Drivers required to take Drug Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has the owner completed a National Certification Program? i. If yes, identify program	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are Drivers required to take a "Driver Certification Program"? i. If yes, identify program	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. What level of industry certification training is required for drivers of heavy and/or extra heavy trucks? i. How many years of towing experience are required for drivers to operate a heavy and/or extra heavy truck?	
15. Is personal use of vehicles by employees permitted? i. If yes, is there a written procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are <b>non-employees</b> permitted to ride in or operate vehicles? i. If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you have <b>written</b> safety manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you hold safety meetings? i. If yes, how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you have a <b>written</b> accident review policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you have a <b>Written</b> Disciplinary/Termination policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you issue any Employee or Independent Contractor or 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Do you provide Workers Compensation for all employees including drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you have a Risk/Safety/loss control manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Do you have a return to work policy for your employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do you have a <b>written</b> driver training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain your "new hire" tow training program (include minimum length of supervised training before new hires are permitted to tow vehicles on their own):	
How are drivers compensated? <input type="checkbox"/> Hourly Wage <input type="checkbox"/> Salary <input type="checkbox"/> Commission	
If you answered "NO" to any of questions 17-25 above, would management implement a program designed to assist them with that item within the first 30 days of the effective date of this insurance? i. If yes, please have the owner initial here:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Miscellaneous**

1. Do you subcontract work to others? If yes, please explain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you provide towing services to any of the following? (check all that apply).	
<input type="checkbox"/> Municipal/City/State Contract What percentage of your operation does this represent	<input type="checkbox"/> Private Enterprise Contract What Percentage of your operation does this represent
<input type="checkbox"/> Highway Contract Municipal/City/State Contract What Percentage of your operation does this represent	<input type="checkbox"/> Other What Percentage of your operation does this represent
3. Are all units equipped with fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the insured have a written Maintenance program	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you require the use of safety chains on every tow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you require the use of wheel-lift straps on every tow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you require the use of the use of vehicle-towing lights on every tow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you require a signed written tow order for every tow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Percentage of trips made.      0 – 50 Miles,      51- 200 Miles,      201 and Over	
10. Do you unload the cargo to clear a wreck? If yes, do you have the proper equipment, on-site to do the unloading/loading of the cargo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do drivers check the weights and information on the Bill of Lading prior to any cargo transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is the replacement vehicle appropriate for cargo and/or load?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the applicant use airbags in towing and recovery operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**History / Statement**

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

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

**Statement of Loss History: No Known Loss Statement**  
 It is a requirement of Northern Star Management of America, LLC 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 NORTHERN STAR MANAGEMENT OF AMERICA, LLC. 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 Northern Star Management of America, LLC. 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 Northern Star Management of America, LLC.

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

### Vehicle Schedule

Vehicle # <b>1</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New  Stated Amount	Average radius
<b>Garage location #</b>		Vin # (17 digits)		Comp/coll ded.	On-hook limit	On-hook ded.
Vehicle # <b>2</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New  Stated Amount	Average radius
<b>Garage location #</b>		Vin # (17 digits)		Comp/coll ded.	On-hook limit	On-hook ded.
Vehicle # <b>3</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New  Stated Amount	Average radius
<b>Garage location #</b>		Vin # (17 digits)		Comp/coll ded.	On-hook limit	On-hook ded.
Vehicle # <b>4</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New  Stated Amount	Average radius
<b>Garage location #</b>		Vin # (17 digits)		Comp/coll ded.	On-hook limit	On-hook ded.
Vehicle # <b>5</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New  Stated Amount	Average radius
<b>Garage location #</b>		Vin # (17 digits)		Comp/coll ded.	On-hook limit	On-hook ded.
Vehicle # <b>6</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New  Stated Amount	Average radius
<b>Garage location #</b>		Vin # (17 digits)		Comp/coll ded.	On-hook limit	On-hook ded.
Vehicle # <b>7</b>	Year	Make	Model/Body Type	Gvw/gcw/capacity	Cost New  Stated Amount	Average radius
<b>Garage location #</b>		Vin # (17 digits)		Comp/coll ded.	On-hook limit	On-hook ded.

**How many of the following do you have issued to your agency?**

Dealer plates? \_\_\_\_ How used? \_\_\_\_ Transportation plates? \_\_\_\_ How used? \_\_\_\_ Repossessor plates? \_\_\_\_ Other plates? \_\_\_\_ Are plates provided to others? If yes, explain: \_\_\_\_  
 Year \_\_\_\_ Tag# \_\_\_\_ Year \_\_\_\_ Tag# \_\_\_\_ Year \_\_\_\_ Tag# \_\_\_\_ Year \_\_\_\_ Tag# \_\_\_\_  
 Year \_\_\_\_ Tag# \_\_\_\_ Year \_\_\_\_ Tag# \_\_\_\_ Year \_\_\_\_ Tag# \_\_\_\_ Year \_\_\_\_ Tag# \_\_\_\_

**Schedule of Employees**

1. First name	m.i.	Last name		Date of birth	<input type="checkbox"/> Excluded Driver		
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Tow Exp.
2. First name	m.i.	Last name		Date of birth	<input type="checkbox"/> Excluded Driver		
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Tow Exp.
3. First name	m.i.	Last name		Date of birth	<input type="checkbox"/> Excluded Driver		
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Tow Exp.
4. First name	m.i.	Last name		Date of birth	<input type="checkbox"/> Excluded Driver		
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Tow Exp.
5. First name	m.i.	Last name		Date of birth	<input type="checkbox"/> Excluded Driver		
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Tow Exp.
6. First name	m.i.	Last name		Date of birth	<input type="checkbox"/> Excluded Driver		
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Tow Exp.
7. First name	m.i.	Last name		Date of birth	<input type="checkbox"/> Excluded Driver		
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Tow Exp.
8. First name	m.i.	Last name		Date of birth	<input type="checkbox"/> Excluded Driver		
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Tow Exp.
9. First name	m.i.	Last name		Date of birth	<input type="checkbox"/> Excluded Driver		
<input type="checkbox"/> Adjuster <input type="checkbox"/> Mechanic	<input type="checkbox"/> Office Empl. <input type="checkbox"/> Driver <input type="checkbox"/> Other/Spotter	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date of hire</b>	Driver license	State	Class	Years Tow Exp.