

Austin Insurance Inc

Questionnaire

DOT# _____ MC# _____

1. COMPANY NAME: _____
DBA: _____
2. MAILING ADDRESS: _____
3. PHONE: _____ FAX: _____
4. OWNERS NAME: _____
5. EMAIL: _____
6. PHYSICAL ADDRESS: _____
7. CONDITION OF TRUCKS – EXCELLENT? GOOD? FAIR? _____
8. HOW OFTEN ARE TRUCKS MAINTAINED- MONTHLY? _____
9. FEIN # (TAX ID NUMBER OR SS#): _____
10. HOW MANY YEARS IN BUSINESS? _____
11. HOW MANY YEARS TOWING EXPERIENCE? _____
12. WHAT ARE THE TYPES OF VEHICLES TOWED? (CARS& TRUCKS, SEMIS, BUSES ETC) _____

13. DO YOU HAVE ANY MOTOR CLUB CONTRACS? _____ POLICE ROTATION? _____
14. DO ANY REPOSSESSION WORK? _____ IF SO MORE THAN 10% OF OPS? _____
15. DO YOU NEED COVERAGE FOR AUTO REPAIR OPERATIONS? _____
16. IF REPO: NUMBER OF REPOS PER YEAR _____
17. REPO PERCENTAGES: VOLUNTARY _____ INVOLUNTARY _____ DRIVE-
AWAY _____ KEY STARTS _____
18. PERCENTAGE OF REPOS PERFORMED: DAYLIGHT _____ NIGHT _____
19. SQUARE FOOTAGE OF STORAGE: (LOC 1) _____ (LOC 2) _____

20. DO YOU NEED PROPERTY COVERAGE FOR A BUILDING OR THE CONTENTS INSIDE? _____

21. EXPIRATION DATE OF CURRENT POLICY? _____

22. EXPIRING POLICY PREMIUM _____

23. GROSS RECEIPTS: TOWING \$ _____ STORAGES \$ _____

24. AUTO LIABILITY LIMIT: _____ \$300,000 _____ \$500,000 _____ \$750,000 _____ \$1,000,000

25. GENERAL LIABILITY LIMIT: _____ \$300,000 _____ \$500,000 _____ \$750,000 _____ \$1,000,000

26. NEED LOSS (ACCIDENT) HISTORY FOR THE PAST 4 YEARS (Will also need current loss run report for the past 4 years. Please request loss runs from prior agent/insurance companies and forward as soon as possible.)

2013 – 2014: Insurance Company: _____ Paid claims/losses: _____

2014 – 2015: Insurance Company: _____ Paid claims/losses: _____

2015– 2016: Insurance Company: _____ Paid claims/losses: _____

2016 – 2017: Insurance Company: _____ Paid claims/losses: _____

VEHICLE INFORMATION

Please List All Vehicle Information If Comprehensive & Collision Coverage Are Desired, Must List Cost New of Vehicle.

YEAR	MAKE	MODEL	VEHICLE I.D. NUMBER (17 DIGITS)	GARAGE LOCATION	VEHICLE VALUE	On-Hook Limit	PHYSICAL DAMAGE <i>*Quote/policy will include Specified Perils unless otherwise stated</i>	IS VEHICLE (A) FLATBED (B) TOW TRUCK (C) TRAILER (D) SERVICE CAR
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
						<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	Specified Peril Deductible \$ _____ Collision Deductible \$ _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

REQUIRE COPY OF REGISTRATIONS (ELECTRONIC VERIFICATION)

I confirm the information regarding the aforementioned vehicles and their corresponding VINs and values is current and accurate.

Signature of Insured _____

Date _____

STORAGE LOCATION INFORMATION			
Please Complete All Requested Information For All Storage Locations to Be Insured.			
Please Check One: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied			
Physical Address:			Is there another operation CONDUCTED at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are the 2 operations separated by physical divider? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	State:	Zip:	
Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dog on Premise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage Keepers Limit?	What is the name & address of this other operation?
Average # of stored vehicles:	Do you have security watchmen/patrol? <input type="checkbox"/> Yes <input type="checkbox"/> No	Safeguards around storage perimeter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Select Type of location: <input type="checkbox"/> Commercial Use Only <input type="checkbox"/> Residential Use

FORMS & FILINGS
Please Indicate If You Are In Need of Any State Forms and/or Filings. FILINGS MUST BE IN THE NAME OF THE BUSINESS.
Do You Need Federal Filings? <input type="checkbox"/> Yes <input type="checkbox"/> No If So, Motor Carrier Number: _____ Do You Need State Filings? <input type="checkbox"/> Yes <input type="checkbox"/> No If So, Certificate or State Number: _____
Please Specify Other: _____

CLAIMS REPORTING
I Understand That All Claims Regardless of Fault Will Be Reported to the Agent Within 48hrs of the Date of Loss.
_____ Signature of Named Insured Date

PERSONNEL
I Understand That All Individual(s) Operating A Scheduled Vehicle and/or Towed Vehicle Will Be Listed As An Employee. Independent Contractors and/or Subcontractors Do NOT Operate Any Scheduled or Towed Vehicle For This Policy.
_____ Signature of Named Insured Date

Submit Quote!