



General Insurance Agency

NATIONAL TRANSPORTATION ASSOCIATES, INC.
333 North Cayons Parkway, Suite 225
Livermore, CA 94551

CA Lic #0G53188

(925) 292-8900

www.ntageneral.com

NTA TOWING PROGRAM APPLICATION

SECTION I - GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	Name of Applicant: _____	Requested Effective Date: _____
	DBA: _____ <i>(If applicable, include DBA or Trade Name)</i>	
	Do you conduct Operations under any other Names? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Names on a separate page.	
2.	Mailing Address: _____ <i>(Street)</i>	
	_____	_____
	<i>(City)</i>	<i>(County) (State) (Zip Code)</i>
	Physical Address: _____	

	<i>(City)</i>	<i>(County) (State) (Zip Code)</i>
	Do you have any other Locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Location Addresses on a separate page.	
3.	Contact Name: _____	
4.	Phone: _____	Email: _____
	Fax: _____	Website: _____
5.	Type of Entity : <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe): _____	
6.	Number of years in business under the above name: _____	
7.	How many years of experience with Vehicle Towing, Recovery, Transporting and/or Storage do the Owner and Manager have? Owner: _____ Years Manager: _____ Years	
	A. Describe the Owner's prior Vehicle Towing, Recovery, Transporting and/or Storage experience: _____	
	B. Describe the Manger's prior Vehicle Towing, Recovery, Transporting and/or Storage experience: _____	
8.	Within the last 5 years, has the Applicant/Business Owner operated under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the Applicant/Business Owner currently own any other Entities or operate any other Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes has been answered for either question, complete A-B.	
	A. Provide the name <u>and</u> describe the operations: _____	
	B. Is this Entity/Business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(i) If still active, is there separate General Liability <u>and</u> Auto Insurance in place for these operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	If applicable, please provide the your:	
	A. California Authority Number: _____	
	B. FMCSA MC Number: _____	

SECTION II – OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please provide your total estimated annual Gross Sales for all applicable operations:

Towing	\$ _____	Recovery	\$ _____	Transportation	\$ _____
Storage	\$ _____	Service/Repair	\$ _____	Body Shop	\$ _____
Other	\$ _____	Describe Other: _____			

2. Provide the total number of Power Units you operated last year and the 2 prior years:
 Last Year: _____ 1st Prior Year: _____ 2nd Prior Year: _____

3. With the exception of any Lienholders, are all Vehicles owned by and registered to you? Yes No
A. If no, please explain: _____

4. Do you own any Vehicles that will not be covered under this Policy? Yes No
If yes, complete A-B.
A. List these vehicles: _____

B. Provide the name of the Insurance Carrier covering these Vehicles: _____

5. Do lease or rent any of your Vehicles to others? Yes No

6. Do you have a regular Vehicle Inspection and Preventive Maintenance Program in place? Yes No
A. If yes, please describe: _____

7. Provide the total number of Full-time, Non-driver Employees associated with your:
 Tow and Recovery operations: _____ Auto Repair operations: _____

8. Provide the total number of Part-time (i.e. working an average of less than 20 hours a week), Non-driver Employees associated with your:
 Tow and Recovery operations: _____ Auto Repair operations: _____

9. Are all of your Employees covered by Workers Compensation Insurance? Yes No

10. Describe your Training Procedures for new Hires: _____

11. Do you have a written Defensive Driver Training Program in place? Yes No

12. How often are Safety Meetings held? _____

13. Do have a random Drug Testing Program in place for all Drivers? Yes No

14. List any State or National Trade Associations you belong to: _____

15. Do you have any Emergency Spill Control Program in place ? Yes No

16. Do you have procedures in place to address the handling and disposal of chemicals and waste? Yes No

17. Do you have a written contract in place with a Licensed and Insured Contractor to dispose of any substances considered to be hazardous? Yes No
If yes, complete A-B.
A. Do you obtain a Certificate of Insurance from this Contractor evidencing General Liability Limits of at least \$1,000,000/\$2,000,000? Yes No
B. Do you require this Contractor to add you onto their General Liability Policy as an Additional Insured? Yes No

18. Do you Haul, Move and/or Transport any materials deemed hazardous by the DOT, EPA or any other State or Federal entity? Yes No
If yes, complete A-B.
A. Will these operations occur only as part of the recovery operations? Yes No
B. Will the Driver be properly certified to handle these materials? Yes No

19. Indicate below if your operations include the Sales, Service <u>and/or</u> Repair of any of the following (check all that apply):		
<input type="checkbox"/> All-terrain Vehicles	<input type="checkbox"/> Antique or Classic Vehicles	<input type="checkbox"/> Boats or Watercraft
<input type="checkbox"/> Buses	<input type="checkbox"/> Contractor's Equipment	<input type="checkbox"/> Emergency Vehicles
<input type="checkbox"/> Exotic Vehicles (i.e. limited production or high performance)	<input type="checkbox"/> Farm Equipment	<input type="checkbox"/> Motorcycles
<input type="checkbox"/> Race Vehicles	<input type="checkbox"/> Recreational Vehicles (RVs)	<input type="checkbox"/> Snowmobiles
<input type="checkbox"/> Taxis or any other type of Public Livery Vehicles	<input type="checkbox"/> Trucks (i.e. with a GVW greater than 2 tons)	<input type="checkbox"/> None of the above apply
20. Are Customers permitted to use your premises or equipment to perform their own repairs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you operate a Dismantling, Salvage or Wrecking Yard?		<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Indicate below if your operations include the Hauling, Moving <u>and/or</u> Transporting of any of the following (check all that apply):		
<input type="checkbox"/> Livestock – except as a result of a recovery operation	<input type="checkbox"/> Mobile Homes or Modular House	
<input type="checkbox"/> Loads requiring a Pilot Vehicle or Permit - with respect to width, height or weight	<input type="checkbox"/> None of the above apply	
23. Do your operations include LPG Sales or Tank Refilling?		<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Do you Operate or Sponsor a Race Vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do you Recap or Retread Tires?		<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Indicate below if your operations include the Sales of any of the following (check all that apply):		
<input type="checkbox"/> Gasoline	<input type="checkbox"/> Parts – except as part of a repair	<input type="checkbox"/> Recapped or Retreaded Tires
<input type="checkbox"/> Salvage Title Vehicles	<input type="checkbox"/> Used Parts or Used Tires	<input type="checkbox"/> None of the above apply
27. Do your operations include Vehicle or Equipment Repossessions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do your operations include any Welding (i.e. structural work including Trailer Hitches)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Are you now, or have you ever been involved in any bankruptcy proceedings?		<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Within the last 5 years, have you or anyone with a financial interest in the business and/or property been convicted of arson, fraud, or other crime related to loss of property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Does the fire protection throughout your premises meet or exceed NFPA guidelines?		<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Do you use portable heaters?		<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is any building currently vacant or under renovation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III – AUTOMOBILE COVERAGES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Desired Liability Limit: <input type="checkbox"/> \$750,000 Combined Single Limit (CSL) <input type="checkbox"/> \$1,000,000 Combined Single Limit (CSL)	
2. Do you want to include Hired Auto Liability Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. If yes, what is your annual Cost to lease, hire or rent Vehicles <u>from</u> others? \$ _____	
3. Do you want to include Non-owned Auto Liability Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Desired Auto Medical Payments Limit: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	

5. UNINSURED MOTORISTS (UM) BODILY INJURY COVERAGE – SELECTION OR REJECTION

UM Coverage insures you (including your heirs or legal representatives) for all sums within the limits established by law which you are legally entitled to recover as damages for bodily injury caused by the owner or operator of an uninsured or underinsured vehicle. (A vehicle is underinsured when the bodily injury liability coverage of the person responsible for your injuries does not cover the loss up to the limit you select.) In consideration of the premium charged and in accordance with any provision of the existing California Code (section 11580.2) we offer the following UM coverage options. **Please select one of the following:**

- I reject UM Coverage in its entirety; **or**
 I select UM Coverage at basic limits of: \$30,000 per person/\$60,000 per accident **or** \$60,000 Combined Single Limit (CSL)

I understand that any selection or rejection for UM coverage (bodily injury) shall apply on this policy and any future renewals unless I notify the Company or my agent in writing.

Applicant's Signature: _____ Date: _____

6. Desired Auto Physical Damage (Comprehensive and Collision) Deductible: \$500 \$1,000 \$2,500 \$5,000

7. Desired Damage to Customer's Property While Being Towed Limit:
 \$40,000 \$50,000 \$75,000 \$100,000 \$150,000 \$200,000

8. Desired Damage to Customer's Property While Being Towed Deductible: \$1,000 \$2,500 \$5,000

9. Do you want to include Garagekeepers Coverage? Yes No
If yes, complete A-D.

A. Provide the complete address, the desired Garagekeepers Coverage Limit, and the Maximum Number of Vehicles that can be stored, for each location (if necessary, list additional Garagekeepers information on a separate page):

	Street, City, County, State and Zip	Garagekeepers Coverage Limit	Maximum Number of Vehicles Stored
Location 1		\$	
Location 2		\$	
Location 3		\$	

B. Desired Comprehensive Physical Damage Deductibles (Each Vehicle/Maximum Loss): \$1,000/\$2,000 \$2,500/\$5,000

C. Desired Collision Physical Damage Deductibles Each Vehicle: \$1,000 \$2,500

D. Coverage should apply as: Legal Liability Insurance Direct Primary Insurance

SECTION IV – GENERAL LIABILITY COVERAGES IF THE SECTION DOES NOT APPLY CHECK THE FOLLOWING BOX

1. Desired General Liability Each Occurrence Limit:
 \$100,000 \$200,000 \$300,000 \$500,000 \$750,000 \$1,000,000

2. Desired General Liability General Aggregate Limit:
 \$200,000 \$300,000 \$500,000 \$600,000 \$750,000 \$1,000,000 \$1,500,000 \$2,000,000

3. Desired Damage to Premises Rented to You Limit: \$100,000 \$150,000 \$200,000 \$250,000

4. Do you want to purchase Lien Sale Errors and Omissions Coverage? Yes No
A. If yes, please select your desired Limits: \$10,000/\$10,000 \$20,000/\$20,000 \$50,000/\$50,000

SECTION V – PROPERTY COVERAGES IF THE SECTION DOES NOT APPLY CHECK THE FOLLOWING BOX

1. Please describe each Building located at your premises:

	Building 1	Building 2	Building 3
Physical Address			
Occupancy Description (e.g. garage, office, storage, etc)			
Building Construction Type (e.g. Frame, Joisted Masonry, Non-combustible or Fire Resistive)			
Year Built			
Total Square Footage			
Number of Stories			
Distance to Closest Owned Building			

	Building 1	Building 2	Building 3
Protection Class (e.g. 1 -10)			
Distance to nearest Fire Hydrant?			
Distance to nearest Fire Department			
Operational Central Station Burglary Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Burglary Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Fire Suppression (Sprinkler) System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Central Station Fire Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Fire Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recently (i.e. within 12 months) tagged or purchased Fire Extinguisher(s) located in each Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. If any Building listed above is over 30 years old, please provide the date of the most recent update(s):

	Building 1	Building 2	Building 3
Date of Most Recent Roofing Update			
Date of Most Recent Electrical Update			
Date of Most Recent Plumbing Update			
Date of Most Recent Heating Update			

3. Please list your desired Limit(s) for all desired Coverage(s) for each Building located at your premises:

	Building 1	Building 2	Building 3
Building	\$	\$	\$
Business Personal Property	\$	\$	\$
Walls, Gates and Fences	\$	\$	\$
Business Income – please select desired Limit	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000

4. Please list the Name and Mailing Address, as well as the corresponding Building Number (i.e. from above), for each applicable Mortgagee (if necessary, list additional Mortgagee information on a separate page):

Bldg #	Mortgagee's Name	Mortgagee's Mailing Address

SECTION VI – INLAND MARINE COVERAGE

IF THE SECTION DOES NOT APPLY CHECK THE FOLLOWING BOX

1. Please list each piece of Contractor's Equipment (if necessary, list additional Contractor's Equipment information on a separate page):

	Year	Manufacturer	Model	Serial Number	Limit
1					\$
2					\$
3					\$
4					\$
5					\$

2. Desired Contractor's Equipment Deductible: \$1,000 \$2,500

SECTION VII - PRIOR INSURANCE

1. Provide your expiring Insurance Company Names as well as your expiring Limits and Premiums for each applicable coverage:

Coverage	Insurance Company Name	Limit	Premium
Automobile		\$	\$
General Liability		\$	\$
Property		\$	\$
Inland Marine		\$	\$

2. Within the last 3 years, has your any of Insurance been Declined, Cancelled or Non-renewed? Yes No

A. If yes, please explain why: _____

SECTION VIII - CLAIM HISTORY

1. Provide details for the last 3 years - if none, please state "none":

Date of Loss	Description of Loss	Open/Closed?	Total Incurred
			\$
			\$
			\$
			\$
			\$

The following additional information must be attached to this Application:

1. NTA App 2 - NTA Towing Supplemental Program Application – Vehicles
2. NTA App 3 - NTA Towing Supplemental Program Application – Drivers
3. 3 year, currently valued Insurance Company Loss Runs for each applicable coverage.

Applicant and Producer Signatures

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR TOWING AND RECOVERY OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	
Producer's Signature:		Producer's Name:	