

## Supplemental Underwriting Information for Towing Operators

Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

### General Information

Producer's Name: _____ Agency: _____ Applicants Name _____ How long have you known the insured? _____ Is this new business to you? ____ If yes, source of business: _____ When did you last see the properties? _____ Are any of the buildings vacant or partially vacant? ____ Per cent vacant? ____ % Does the insured lease out any part of the building or buildings? _____ If yes, who are the tenants and what are the annual rents? _____
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*(Please complete a separate form - Property section only - for each location)*

Location Number: \_\_\_\_ Premises Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Optional Coverages, subject to eligibility:

- Increased deductible amount: \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5,000 \_\_\_ \$10,000
- Do you want coverage limits to be blanketed with other locations? \_\_\_\_\_ (Yes/No)
- Increased Cost of Construction Limits Requested? (\$100,000 Included) \$ \_\_\_\_\_
- Earthquake Sprinkler Leakage Coverage? \_\_\_\_\_ (Yes/No)

Premises with **multiple** occupancies:

Please indicate the various occupancies (e.g. contractor's warehouse, office, distributor, woodworker) and the approximate square footage of each.

Occupancy Class	Square Footage

If building has automatic sprinkler system, state percent of building sprinklered: \_\_\_\_\_%

### Additional information requested:

- Does the insured impound vehicles? \_\_\_\_\_
- Are vehicles stored inside building? \_\_\_\_\_
- Does the insured conduct auctions of vehicles? \_\_\_\_\_ If yes, how often? \_\_\_\_\_
- Does building have burglar alarm? \_\_\_\_\_ If yes, is it a central station reporting alarm? \_\_\_\_\_
- Is video surveillance in use? \_\_\_\_\_
- Does the insured operate a vehicle repair shop at insured location? \_\_\_\_\_ If yes, do they do any painting? \_\_\_\_\_
- Has there ever been a gas station operation at insured location? \_\_\_\_\_
- Please provide digital photos of insured building.

### WASHINGTON FRAUD STATEMENT

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

## BUSINESS PERSONAL PROPERTY VALUE WORKSHEET FOR TOWING OPERATORS

**State cost to replace with property of like kind and quality**

Furniture and trade fixtures:	\$ _____
Machinery and equipment – other than computer equipment:	\$ _____
Computer equipment including diagnostics:	\$ _____
Tenant's improvements & betterments:	\$ _____
Books, manuals, supplies:	\$ _____
Stock:	\$ _____
Business personal property of others (not employees)*:	\$ _____
Lifts owned or leased by you:	\$ _____
Other property not specified above or below*:	\$ _____
Tools owned by you including equipment regularly used away from premises ( <b>Attach schedule that separately lists items valued at \$1,000 or more and include all serial numbers</b> ):	\$ _____
Tools owned by your employees but for which you are responsible:	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

\* Values should not include registered vehicles containing BPP of others, or other property not specified above.

Number of employees \_\_\_\_\_

Number of trucks operated \_\_\_\_\_

State how values are determined \_\_\_\_\_

State date of last inventory \_\_\_\_\_

Add any additional relevant comments below:

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