



<b>Towing Insurance Application</b>							
Applicant's Name		Contact			Tel #:		
DBA		E-Mail:					
Address:		City:		State:		Zip Code:	
Insured :		Individual <input type="checkbox"/>		Partnership <input type="checkbox"/>		Corporation <input type="checkbox"/> LLC <input type="checkbox"/>	
Years in Business		Federal Employee ID # or SSN					
Nature of Business		CA/DOT Number					
<b>Coverage Requested</b>							
<input type="checkbox"/> Auto Liability		\$ _____					
<input type="checkbox"/> Uninsured Motorist		\$ _____					
<input type="checkbox"/> Physical Damage Deductible		\$ _____		Comprehensive <input type="checkbox"/>		Specified Perils <input type="checkbox"/> Collision <input type="checkbox"/>	
<input type="checkbox"/> General Liability		\$ _____		GKLL \$ _____		On-Hook \$ _____	
<b>Prior Insurance Carrier (3 previous years)</b>							
Year	Prior Insurance Carrier Name			Premium	Losses		
<b>Driver's Information (Please add additional sheet, if necessary)</b>							
Driver's Name		Date of Birth		Driver's License #		Experience	State
1-							
2-							
3-							
4-							
5-							
6-							
<b>Vehicle Information (Please add additional sheet, if necessary)</b>							
Auto No.	Year	Make	Body Type	GVW	Radius of Use	Vehicle ID No.	Current Value
1							
2							
3							
4							
5							
6							