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Proudly Independent.

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AUTO REPOSSESSORS QUESTIONNAIRE

(Complete in addition to General Liability Application)

Name of Agent: _____

Applicant's Name: _____

1. Are the police notified? Yes No
If yes, are they notified before or after the fact? _____

2. How many vehicles did you repossess last year? _____
By tow truck: _____ By drive-away: _____

3. Are independent contractors used? Yes No
If yes, obtain certificate of insurance.
Number of repossessions subcontracted _____

4. Does the applicant or any employee carry firearms? Yes No

5. Provide type of vehicles repossessed:
Private Passenger Automobiles % Light Commercial Trucks %
Heavy Commercial Trucks/Tractors % Commercial Trailers %
Other (describe) _____ %

6. What are your procedures for training new employees? _____

7. a. Is applicant licensed as an auto reposessor? Yes No
b. Is an auto reposessor's license required by the state? Yes No

8. a. Has applicant ever been bonded? Yes No
b. Been denied a bond? Yes No

9. Has applicant ever been arrested? Yes No

10. Has applicant ever been convicted of a crime? Yes No

11. If personal property is recovered at the time of repossession, is a complete written inventory made of all items and store in a secured area? Yes No

Attach list of clients.

Attach a copy of all contracts and hold harmless agreements.

Attach a written narrative of the procedure followed for repossessing a vehicle.

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____