

Date of Application: _____

Agent / Broker: _____

1. Applicant / Insured Information

Legal Business Name (as insured)		DBA (if applicable)	
_____		_____	
Mailing Address	City	State	ZIP
_____	_____	_____	_____
Primary Contact Name	Title	Phone	Years in Business
_____	_____	_____	_____
Email Address	Website (if any)		Federal Tax ID / EIN
_____	_____		_____
Requested Effective Date	Requested Expiration Date		
_____	_____		

2. Business & Operations

Type of Operation:

<input type="checkbox"/> Private Towing Only	<input type="checkbox"/> Police/Municipal Contract	<input type="checkbox"/> Motor Club (AAA/Agero etc.)
<input type="checkbox"/> Repossession	<input type="checkbox"/> Commercial/Heavy Duty	<input type="checkbox"/> Flatbed Only
<input type="checkbox"/> Rotator/Heavy Recovery	<input type="checkbox"/> Dealership Transport	<input type="checkbox"/> Other

Years Operating as Tow Company	State Towing License #	USDOT # (if applicable)
_____	_____	_____
MC Number (if applicable)	State Motor Carrier #	
_____	_____	

Do you operate under any police / municipal towing contracts? Yes No

Do you perform repossession towing? Yes No

Do you tow luxury, exotic, or high-value vehicles (over \$100,000)? Yes No

Do you transport vehicles for dealerships or auctions? Yes No

3. Fleet Information

Total # of Tow Trucks	# Flatbed/Rollback	# Wheel-Lift/Hook & Chain	# Rotator/Heavy Recovery	# Other
_____	_____	_____	_____	_____
Max Single Vehicle Value On Hook (\$)	Average Vehicle Value On Hook (\$)			
_____	_____			

Year	Make / Model	VIN (last 6)	Type	GVWR	Limit Required	Deductible

* Attach separate schedule if more than 5 units.

4. Driver InformationTotal Number of Drivers

Are all licensed drivers, as required by State Law, properly endorsed to operate tow type vehicles?

 Yes No

All drivers must be approved prior to binding.Driver eligibility guidelines can be found on our website at www.sirixgroup.com.**5. Loss History & Prior Carrier Information**

Has any carrier cancelled, non-renewed, or declined to write this risk in the past 3 years?

 Yes No

If yes, explain:

Prior Carrier Information:

Prior On Hook Carrier	Policy Number	Expiration Date	Annual Premium (\$)
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Applicant Signature & Authorization

This is an application for insurance only and does not constitute proof of insurance. Coverage is not bound until a policy has been issued and premium payment has been received. The applicant warrants that the statements in this application are true and complete and shall form the basis of any policy issued. Misrepresentation may void coverage.

Applicant / Owner Signature

Printed Name

Date

Producing Agent / Broker Name

Agency Name

Agent License #

Agent Email

Agent Phone

Agent Fax

Return to: submissions@sirixgroup.com | Sirix Group LLC | Deerfield Beach, FL