

REPOSSESSION APPLICATION

AGENCY NAME	PRODUCER	EMAIL	PHONE NUMBER
CAGLEY & ASSOCIATES	KEN CAGLEY	CAGLEY-ASSOCIATES@HOTMAIL.COM	805-338-7991
APPLICANT NAME		DBA	DATE
TYPE OF ENTITY: CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>			
FEDERAL TAX ID NUMBER	DOT#	MC#	# YEARS UNDER PRESENT OWNER
MAILING ADDRESS		CITY	STATE ZIP
PHYSICAL ADDRESS, SAME AS MAILING <input type="checkbox"/>		CITY	STATE ZIP
NAME OF OWNER		EMAIL	PHONE
MEMBER OF ASSOCIATIONS OR TRADE GROUPS? PLEASE LIST BELOW			MEMBER SINCE
PLEASE PROVIDE EXPERIENCE IN THE INDUSTRY IF YOU'VE BEEN IN BUSINESS LESS THAN 3 YEARS			
DO YOU HAVE A FORMAL, WRITTEN SAFETY PROGRAM IN PLACE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE SAFETY MEETINGS HELD WITH OPERATORS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE ALL OPERATORS BEEN PROPERLY TRAINED IN OPERATION OF THE EQUIPMENT THEY OPERATE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE TELEMATICS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE AN ACTIVE DRUG POLICY IN PLACE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE ANY REQUESTED FILINGS?			
BMC91X (Liability) <input type="checkbox"/>	BMC34 (Cargo) <input type="checkbox"/>	FORM E (Liability) <input type="checkbox"/>	FORM H (Cargo) <input type="checkbox"/> TX DOT# _____ <input type="checkbox"/>
MCS 90 ENDT <input type="checkbox"/>	CA# _____ <input type="checkbox"/>	OK DP# _____ <input type="checkbox"/>	IL ICC# _____ <input type="checkbox"/>
STATE FILINGS REQUIRED? PLEASE LIST BELOW			

COVERAGE	LIMITS					
AUTO LIABILITY	\$100,000 <input type="checkbox"/>	\$250,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>	\$3,000,000 <input type="checkbox"/>	
GENERAL LIABILITY	\$250,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>	\$2,000,000 <input type="checkbox"/>	\$3,000,000 <input type="checkbox"/>	
ON HOOK / CARGO	\$50,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>	DEDUCTIBLE		\$1,000 – HIGHER LIMIT AVAILABLE UPON REQUEST	
UNINSURED MOTORIST	STATE MIN	UNDERINSURED MOTORIST		STATE MIN		
MEDICAL PAYMENT	\$5,000	HIRED/NON-OWNED		\$1,000,000		
PERSONAL INJURY PROTECTION	STATE MIN	PIP is required in AR, DE, FL, HI, KS, KY, MD, MA, MI, MN, NY, ND, OR, PA, UT				
GARAGE KEEPERS	\$120,000 <input type="checkbox"/>	\$150,000 <input type="checkbox"/>	\$180,000 <input type="checkbox"/>	\$225,000 <input type="checkbox"/>	\$300,000 <input type="checkbox"/>	\$350,000 <input type="checkbox"/>

DESCRIPTION OF OPERATIONS						
ANNUAL INCOME FOR COLLATERAL RECOVERY		ESTIMATED COLLATERAL RECOVERY		ANNUAL PAYROLL		
TOW FOR HIRE INCOME		TOWING INCOME EQUALS		WHAT % OF TOTAL INCOME		
# OF VOLUNTARY REPOS PERFORMED ANNUALLY		# OF INVOLUNTARY REPOS PERFORMED ANNUALLY				
# OF DRIVE-AWAY		NOTES:				
TYPE OF PROPERTY YOU REPOSSESS?	AUTOS <input type="checkbox"/>	MOTORCYCLES <input type="checkbox"/>	BOATS <input type="checkbox"/>	ATV'S <input type="checkbox"/>	HEAVY EQUIPMENT <input type="checkbox"/>	OTHER <input type="checkbox"/>

DO YOU PROVIDE SERVICE TO ANY OF THE FOLLOWING?		
COMMERCIAL LENDERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
INDIVIDUAL LENDERS NON-COMMERCIAL	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FORWARDERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU REQUIRE A FAVORABLE HOLD HARMLESS AGREEMENT FROM YOUR CUSTOMERS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOUR CUSTOMERS REQUIRE YOU TO LIST THEM AS AN ADDITIONAL INSURED OR LOSS PAYEE USING FORM CA-2048?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PERSONAL PROPERTY AND EFFECTS OF OTHERS					
SECURELY STORED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WITNESSED WRITTEN INVENTORY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VIDEOTAPED INVENTORY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PHOTOGRAPHED INVENTORY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HOW ARE PERSONAL PROPERTY AND EFFECTS RETURNED TO OWNERS?					
WHAT IS DONE WITH DEADLY WEAPONS OR ILLEGAL DRUGS IF ANY ARE FOUND IN THE PERSONAL PROPERTY AND EFFECTS?					

AVERAGE RADIUS %	0-50 miles _____	51-200 miles _____	200+ miles _____
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VEHICLE INFORMATION

VEHICLE INFORMATION				BODY TYPE		
1.	YEAR		MAKE/MODEL	WRECKER <input type="checkbox"/>	ROLLBACK <input type="checkbox"/>	
VIN#					PICK UP <input type="checkbox"/>	CAR HAULER <input type="checkbox"/>
GVW		COST		DEALER TAG <input type="checkbox"/>	TRANSPORT TAG <input type="checkbox"/>	
ON HOOK LIMIT		REGISTRATION STATE		TRACTOR <input type="checkbox"/>	REGISTRATION PLATE <input type="checkbox"/>	
DO YOU HAVE A CAMERA SYSTEM?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE FIRE EXTINGUISHERS?		
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

VEHICLE INFORMATION				BODY TYPE		
2.	YEAR		MAKE/MODEL	WRECKER <input type="checkbox"/>	ROLLBACK <input type="checkbox"/>	
VIN#					PICK UP <input type="checkbox"/>	CAR HAULER <input type="checkbox"/>
GVW		COST		DEALER TAG <input type="checkbox"/>	TRANSPORT TAG <input type="checkbox"/>	
ON HOOK LIMIT		REGISTRATION STATE		TRACTOR <input type="checkbox"/>	REGISTRATION PLATE <input type="checkbox"/>	
DO YOU HAVE A CAMERA SYSTEM?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE FIRE EXTINGUISHERS?		
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ELECTRONICS LOGGING DEVICES		YES <input type="checkbox"/>	NO <input type="checkbox"/>	EQUIPPED WITH ASSET TRACKERS		
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

VEHICLE INFORMATION				BODY TYPE		
3.	YEAR		MAKE/MODEL	WRECKER <input type="checkbox"/>	ROLLBACK <input type="checkbox"/>	
VIN#					PICK UP <input type="checkbox"/>	CAR HAULER <input type="checkbox"/>
GVW		COST		DEALER TAG <input type="checkbox"/>	TRANSPORT TAG <input type="checkbox"/>	
ON HOOK LIMIT		REGISTRATION STATE		TRACTOR <input type="checkbox"/>	REGISTRATION PLATE <input type="checkbox"/>	
DO YOU HAVE A CAMERA SYSTEM?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE FIRE EXTINGUISHERS?		
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ELECTRONICS LOGGING DEVICES		YES <input type="checkbox"/>	NO <input type="checkbox"/>	EQUIPPED WITH ASSET TRACKERS		
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

VEHICLE INFORMATION					BODY TYPE	
4.	YEAR		MAKE/MODEL		WRECKER <input type="checkbox"/>	ROLLBACK <input type="checkbox"/>
VIN#					PICK UP <input type="checkbox"/>	CAR HAULER <input type="checkbox"/>
GVW		COST			DEALER TAG <input type="checkbox"/>	TRANSPORT TAG <input type="checkbox"/>
ON HOOK LIMIT		REGISTRATION STATE			TRACTOR <input type="checkbox"/>	REGISTRATION PLATE <input type="checkbox"/>
DO YOU HAVE A CAMERA SYSTEM?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE FIRE EXTINGUISHERS?		YES <input type="checkbox"/> NO <input type="checkbox"/>
ELECTRONICS LOGGING DEVICES		YES <input type="checkbox"/>	NO <input type="checkbox"/>	EQUIPPED WITH ASSET TRACKERS		YES <input type="checkbox"/> NO <input type="checkbox"/>
VEHICLE INFORMATION					BODY TYPE	
5.	YEAR		MAKE/MODEL		WRECKER <input type="checkbox"/>	ROLLBACK <input type="checkbox"/>
VIN#					PICK UP <input type="checkbox"/>	CAR HAULER <input type="checkbox"/>
GVW		COST			DEALER TAG <input type="checkbox"/>	TRANSPORT TAG <input type="checkbox"/>
ON HOOK LIMIT		REGISTRATION STATE			TRACTOR <input type="checkbox"/>	REGISTRATION PLATE <input type="checkbox"/>
DO YOU HAVE A CAMERA SYSTEM?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE FIRE EXTINGUISHERS?		YES <input type="checkbox"/> NO <input type="checkbox"/>
ELECTRONICS LOGGING DEVICES		YES <input type="checkbox"/>	NO <input type="checkbox"/>	EQUIPPED WITH ASSET TRACKERS		YES <input type="checkbox"/> NO <input type="checkbox"/>
VEHICLE INFORMATION					BODY TYPE	
6.	YEAR		MAKE/MODEL		WRECKER <input type="checkbox"/>	ROLLBACK <input type="checkbox"/>
VIN#					PICK UP <input type="checkbox"/>	CAR HAULER <input type="checkbox"/>
GVW		COST			DEALER TAG <input type="checkbox"/>	TRANSPORT TAG <input type="checkbox"/>
ON HOOK LIMIT		REGISTRATION STATE			TRACTOR <input type="checkbox"/>	REGISTRATION PLATE <input type="checkbox"/>
DO YOU HAVE A CAMERA SYSTEM?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE FIRE EXTINGUISHERS?		YES <input type="checkbox"/> NO <input type="checkbox"/>
ELECTRONICS LOGGING DEVICES		YES <input type="checkbox"/>	NO <input type="checkbox"/>	EQUIPPED WITH ASSET TRACKERS		YES <input type="checkbox"/> NO <input type="checkbox"/>

VEHICLE INFORMATION					BODY TYPE	
7.	YEAR		MAKE/MODEL		WRECKER <input type="checkbox"/>	ROLLBACK <input type="checkbox"/>
VIN#					PICK UP <input type="checkbox"/>	CAR HAULER <input type="checkbox"/>
GVW		COST			DEALER TAG <input type="checkbox"/>	TRANSPORT TAG <input type="checkbox"/>
ON HOOK LIMIT		REGISTRATION STATE			TRACTOR <input type="checkbox"/>	REGISTRATION PLATE <input type="checkbox"/>
DO YOU HAVE A CAMERA SYSTEM?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE FIRE EXTINGUISHERS?		YES <input type="checkbox"/> NO <input type="checkbox"/>
ELECTRONICS LOGGING DEVICES		YES <input type="checkbox"/>	NO <input type="checkbox"/>	EQUIPPED WITH ASSET TRACKERS		YES <input type="checkbox"/> NO <input type="checkbox"/>

VEHICLE INFORMATION					BODY TYPE	
8.	YEAR		MAKE/MODEL		WRECKER <input type="checkbox"/>	ROLLBACK <input type="checkbox"/>
VIN#					PICK UP <input type="checkbox"/>	CAR HAULER <input type="checkbox"/>
GVW		COST			DEALER TAG <input type="checkbox"/>	TRANSPORT TAG <input type="checkbox"/>
ON HOOK LIMIT		REGISTRATION STATE			TRACTOR <input type="checkbox"/>	REGISTRATION PLATE <input type="checkbox"/>
DO YOU HAVE A CAMERA SYSTEM?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE FIRE EXTINGUISHERS?		YES <input type="checkbox"/> NO <input type="checkbox"/>
ELECTRONICS LOGGING DEVICES		YES <input type="checkbox"/>	NO <input type="checkbox"/>	EQUIPPED WITH ASSET TRACKERS		YES <input type="checkbox"/> NO <input type="checkbox"/>

VEHICLE INFORMATION					BODY TYPE	
9.	YEAR		MAKE/MODEL		WRECKER <input type="checkbox"/>	ROLLBACK <input type="checkbox"/>
VIN#					PICK UP <input type="checkbox"/>	CAR HAULER <input type="checkbox"/>
GVW		COST			DEALER TAG <input type="checkbox"/>	TRANSPORT TAG <input type="checkbox"/>
ON HOOK LIMIT		REGISTRATION STATE			TRACTOR <input type="checkbox"/>	REGISTRATION PLATE <input type="checkbox"/>
DO YOU HAVE A CAMERA SYSTEM?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE FIRE EXTINGUISHERS?		YES <input type="checkbox"/> NO <input type="checkbox"/>
ELECTRONICS LOGGING DEVICES		YES <input type="checkbox"/>	NO <input type="checkbox"/>	EQUIPPED WITH ASSET TRACKERS		YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYEE INFORMATION

NAME	DRIVERS LICENSE #	STATE	DOB	DATE OF HIRE	POSITION
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HOURS OF OPERATIONS		_____				
HOW ARE DRIVERS COMPENSATED?		HOURLY <input type="checkbox"/> SALARY <input type="checkbox"/> PER LOAD <input type="checkbox"/>				
DO YOU RUN MVRS BEFORE HIRE?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
ARE DRIVERS REQUIRED TO TAKE A PRE-EMPLOYMENT DRUG TEST?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
DO YOU PROVIDE WORKERS COMP FOR ALL EMPLOYEES?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
WHAT IS YOUR MINIMUM AGE REQUIREMENT FOR NEW DRIVERS?		_____				
DO YOU ISSUE ANY INDEPENDENT CONTRACTOR A 1099?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
HOW OFTEN ARE RANDOM DRUG TESTING DONE ON DRIVERS?		_____				
DO YOU HAVE A WRITTEN ACCIDENT REVIEW POLICY?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
DO YOU HAVE A WRITTEN DRIVER TRAINING PROGRAM?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
DO YOU NEED A DISHONESTY BOND / CRIME BOND?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
LIMIT	\$10,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>

STORAGE LOCATION

STORAGE LOCATION

1	ADDRESS				CITY						
STATE	ZIP	LOT SIZE	AVERAGE VALUE ON LOT		MAX VALUE ON LOT						
GARAGE KEEPERS LIMIT		LEGAL LIABILITY <input type="checkbox"/>		DIRECT PRIMARY <input type="checkbox"/>		\$ _____					
FENCED AND SECURED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	CAMERAS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIGHTS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
GUARD ANIMALS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LOT ATTENDED DURING BUSINESS HOURS?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

STORAGE LOCATION

2	ADDRESS				CITY						
STATE	ZIP	LOT SIZE	AVERAGE VALUE ON LOT		MAX VALUE ON LOT						
GARAGE KEEPERS LIMIT		LEGAL LIABILITY <input type="checkbox"/>		DIRECT PRIMARY <input type="checkbox"/>		\$ _____					
FENCED AND SECURED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	CAMERAS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIGHTS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
GUARD ANIMALS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LOT ATTENDED DURING BUSINESS HOURS?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

STORAGE LOCATION

3	ADDRESS				CITY						
STATE	ZIP	LOT SIZE	AVERAGE VALUE ON LOT		MAX VALUE ON LOT						
GARAGE KEEPERS LIMIT		LEGAL LIABILITY <input type="checkbox"/>		DIRECT PRIMARY <input type="checkbox"/>		\$ _____					
FENCED AND SECURED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	CAMERAS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIGHTS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
GUARD ANIMALS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LOT ATTENDED DURING BUSINESS HOURS?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

STORAGE LOCATION

4	ADDRESS				CITY			
STATE	ZIP	LOT SIZE	AVERAGE VALUE ON LOT		MAX VALUE ON LOT			
GARAGE KEEPERS LIMIT		LEGAL LIABILITY <input type="checkbox"/>		DIRECT PRIMARY <input type="checkbox"/>		\$ _____		
FENCED AND SECURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CAMERAS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIGHTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
GUARD ANIMALS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LOT ATTENDED DURING BUSINESS HOURS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

STORAGE LOCATION

5	ADDRESS				CITY			
STATE	ZIP	LOT SIZE	AVERAGE VALUE ON LOT		MAX VALUE ON LOT			
GARAGE KEEPERS LIMIT		LEGAL LIABILITY <input type="checkbox"/>		DIRECT PRIMARY <input type="checkbox"/>		\$ _____		
FENCED AND SECURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CAMERAS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIGHTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
GUARD ANIMALS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LOT ATTENDED DURING BUSINESS HOURS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

STORAGE LOCATION

6	ADDRESS				CITY			
STATE	ZIP	LOT SIZE	AVERAGE VALUE ON LOT		MAX VALUE ON LOT			
GARAGE KEEPERS LIMIT		LEGAL LIABILITY <input type="checkbox"/>		DIRECT PRIMARY <input type="checkbox"/>		\$ _____		
FENCED AND SECURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CAMERAS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIGHTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
GUARD ANIMALS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LOT ATTENDED DURING BUSINESS HOURS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Cagley & Associates Insurance Services

Office Phone: 805-338-7991

Location: Westlake Village, CA

Email: cagley-associates@hotmail.com

Thank you for choosing Cagley & Associates Insurance Services to assist with your insurance policy needs.

Please fill out the application best you can and send it to cagley-associates@hotmail.com, along with the necessary items below in order us to provide you with the best rate for your insurance policy. If you have any questions or concerns, please feel free to contact us and one of our agents will get in touch with you as soon as possible. We look forward to supporting you. Have a great day!

Please Provide the Necessary Items for Quote

- Application
- Vehicle registrations
- Loss runs for the last 3-5 years dated within 90 days
- If you are a new business or have been in business less than 5 years, please provide any experience within the industry

Printed Name: _____

Signature: _____

Date: ___/___/_____