



COLONIAL GENERAL INSURANCE AGENCY, INC.

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Auto Repossessors Questionnaire (Complete in addition to General Liability Application)

Applicant's Name: _____

Location Address: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

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

2. **Does applicant provide tow truck operations?** Yes No
If yes, number of owned trucks: _____

3. **How many vehicles did the applicant repossess last year?** _____
By tow truck: _____ By drive-away: _____

4. **Does applicant own a storage yard?** Yes No
If yes, advise square footage: _____

5. **Are independent contractors used?** Yes No
If yes:

a. Are certificates of insurance obtained? Yes No

b. Number of repossessions subcontracted: _____

6. **Does applicant or any employee carry firearms?** Yes No

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

8. **What are the applicant's procedures for training new employees?** _____

9. **Is an auto reposessor's license required in states where applicant operates?** Yes No
Is applicant licensed as an auto reposessor? Yes No

10. **Has applicant ever been bonded?** Yes No
Has applicant ever been denied a bond? Yes No

11. Has applicant ever been arrested?..... Yes No
12. Has applicant ever been convicted of a crime?..... Yes No
13. 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 COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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, VIRGINIA 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: _____

Agent Email: _____ Preferred Method of Correspondence Email Fax Mail

Applicant Email: _____ Preferred Method of Correspondence Email Fax Mail