

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## **REPOSSESSORS ERRORS & OMISSIONS APPLICATION**

AP	APPLICANT'S INFORMATION						
1.	Legal name of the business who is the primary applicant and will be the first named insured listed on the policy:						
2.	Please list all other business/dba names for which you are seeking coverage under this policy:						
3.	Corporation Individual Partnership Municipality For Profit Joint Venture Other:						
4.							
5.	Primary location address:						
6.	County of primary location: Date business originally established: Total number of branches? List all addresses for additional branches:						
7.	Total number of branches? List all addresses for additional branches:						
8.	What is your web-site address? www						
9.	What is your phone number?						
10.	Has the name or ownership of the entity changed or has any other business been purchased,						
11.	Does any entity own or control your business or does your business own or control any entity?						
12.	During the past five years, has your name been changed or has any other business purchased,						
	merged or consolidated with you?						
	For questions 9-11, please fully explain any "yes" response, including the names, dates, and revenue impact involved:						
13.	Please list any associations of which you are a member:						
<u>GE</u> I	GENERAL INFORMATION						
1.	Estimated gross receipts in the NEXT 12 months:						
2.	Gross receipts in the LAST 12 months:						
3.	List primary customers for which you repossess (written contract or agreement required):						
4.	Describe repossession procedures in detail, including identification verification. If wreckers are used, advise how many wreckers are in operation. If drive-away type operation, advise if keys are used or if vehicles are hotwired. Also, describe how you get to the vehicle being repossessed.						
5.	Do you use temporary employees to repossess vehicles?  If "Yes," how often?						
	If "Yes," please describe your hiring requirements:						

6.	What percent of the repos are done by you and your employees	?	Driven:	Towed:
7.	What percent of the repos are done by an outside source?  Total (must equal 100%)	)	Driven:	Towed:Towed:
8.	If others are handling repossessions on your behalf, explain how minimum General Liability & Errors & Omissions limits are requi		_	
9.	Is there a written contract in place with subcontractors?			☐ Yes ☐ No
10.	Estimated annual number of repossessions:  a. Via you and your employees  b. Via Wrecker/Rollback/Haulaway  c. Via Driveaway	 		
11.	What percentages of each type of vehicles/equipment are reposed.  a. Private Passenger Autos b. Light Commercial Trucks c. Heavy Commercial Trucks d. Commercial Trailers e. Other(describe): f. Total:	ssessed?		
12.	Wrecker operation (Select all that apply):  Repossessor  In conjunction with Auto Dealer operation  In conjunction with Garage Service operation  we used to transport customer's autos  used on a for hire basis  For hire, servicing public			
13.	Percentage of methods you use to acquire your wrecker busines			
14.	Who notifies owner of the impending repossession?			
15.	Are police notified?			☐ Yes ☐ No
16.	Do police ever accompany you on a repossession?			Yes No
17.	Does applicant conduct any other related operations? (e.g. Private Detective, Investigation, Collection) If "Yes," please	explain:		Yes No
18.	Are state licensing laws applicable to this operation?  If "Yes," please show license number:			☐ Yes ☐ No
19.	Does the applicant, any employee, independent contractor, or a a firearm?	nyone acti	ng on your behalf	carry Yes No
20.	How do you handle a confrontation during the repossession?			

	Name	Experie		ence		Job Responsibilities	
•	ber of a repossess one?						Yes N
ontingent Bodil owing:	y Injury/Property	Damage Cov	verage is requ	ested and you have a	a storage lo	t, please ans	wer the
_							
What is the av	erage length of tim	ne you store	a repossessed	I auto?			
	lease vehicle to de						Yes N
If "Yes," please describe procedures:							
a. After inqu omissions, against the predecess	bodily injury, properties firm or any preder firm?	perty damag ecessor firm	ge, or general l or any curren	ast seven (7) years, ha iability claim or suit e t or former member	ver been m	nade	Yes N
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27. **Supplemental Information** (Use this area to provide additional information about your operations, loss control/risk management procedures or any other relevant information.)

Question #	Additional Information

## **FRAUD WARNING**

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**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 denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS**: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant:	Title:
(Must be signed by a Principal, Partner, or Officer of the Firm)	
Applicant's Signature:	Date:
Agent/Broker Name:	