

TOWING QUESTIONNAIRE



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Contact Name
Business Name
Address
City, State, Zip
WUF QV#
How did you year about us
Phone
Alternate
Fax
Policy Exp

Policy Limits:

Garage/Auto Liability
PIP
UM/UIM
Physical Damage Deductible
Garage Keepers
Gross Receipts:
Hired / Non-Owned
In Tow
Building
Contents
Commercial Gen Liab
Payroll (excluding owner):

Organization: Sole Proprietorship Corporation Partnership Other
Are all the trucks in your name? Yes No Radius
Do you own a repair shop? Yes No What type of repair work do you do?
Do you own a storage lot? Yes No What is the square footage of the storage lot?
Do you haul anything other than PPV & Lt Trucks? Yes No
Are all your drivers: Contract Employees Do you hire owner operators? Yes No
Where does your business come from? Motor Clubs Police Rotation House calls Other
What services do you perform for the motor clubs?
How long have you been in business?
Do you have any additional insureds? Waver of Subrogation
How many claims have you had in the past 4 years? How much was paid approximately?
How much does your insurance cost you per year?

Vehicle Schedule: (add separate schedule if necessary)

Table with 6 columns: Year, Make, Type, VIN#, GVW, Value. Includes rows 1) through 4) for vehicle entries.

Driver Schedule: (add separate schedule if necessary)

Table with 4 columns: Name, DOB, TDL/CDL#, SSN# / FEIN#. Includes rows 1) through 4) for driver entries.

Garaging Address: