



Agency: NMI Insurance Marketing of FL  
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**TOW TRUCK QUICK QUOTE FORM – DO NOT USE THIS FORM IF MORE THAN 4 UNITS**

Applicant:	Effective Date:
Address:	Years in Bus:
Street City County State Zip	Owners Name:
Location if different:	Phone:
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	Need Filings: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other(describe)	If Yes, Docket/MC #

Any use of police band radios?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convenience Store?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Any Involuntary Repossession Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gasoline Sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gallons:
Any drive-away work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storage Lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receipts:
Any transporter plates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storage Lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Area:
Any snow plowing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lien Car Sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Units:
Any vehicle leased/loaned/rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Dealer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Any rental operations in this name or location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Car Wash?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Own or sponsor a car for racing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Repair/Body Shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Any fireworks on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roadside Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Any employees/owner operators not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dismantling/Salvage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Previously owned/operated another Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tire Sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Own or lease a car crusher	<input type="checkbox"/> Yes <input type="checkbox"/> No	Welding or Spray Painting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sales:
Own or lease any cranes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Towing Payroll (Excluding Drivers)		Payroll:

**Explain All "Yes" responses in Remarks \* Describe operations in Remarks**

Remarks

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Vehicle(s) Information					Physical Damage		Cargo
Year	Make	Model	GVW	Radius	Cost New	Actual Value	Cargo Limit

Drivers				
Name	DOB	License # / State	# Yrs Exp.	Accidents/Violations prior 3 years

Loss History			
Year	Insurance Company	# of Losses	Loss amounts – Paid & Reserved (attach separate sheet if necessary)

Limits			
Automobile Liability	Limit:	Comprehensive	Deductible:
UM/UIM	Limit:	Collision	Deductible:
Personal Injury Protection	Limit:	General Liability – Occurrence	Limit:
Medical Payments	Limit:	GKLL	Limit:
Hired Car	Annual Cost:	Non-Owned	Number of Employees:

**For Property, Inland Marine, Excess, etc. attach with Acord Applications**

**QQAPP 9-2011 Attach loss runs and MVRs. Completed and signed supplements and Acord applications will be required upon binding.**