

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Named Insured:		Policy Number:
Mailing Address:		
Telephone Number:	Web Address:	
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	

Repossessed Vehicles include: Automobiles, All terrain vehicles, Snowmobiles and Trailered watercraft.

COVERAGE INFORMATION

Reporting Basis: Non-Reporting Monthly Quarterly

Liability Limits (equal to the Business Auto Liability limits):
 \$500,000 \$1,000,000 Other: \$

<i>Physical Damage (select requested coverage)</i>	<i>Limit</i>	<i>Deductible</i>	
		<i>(per auto)</i>	<i>(per loss)</i>
<input type="checkbox"/> Comprehensive	\$ (see below)	\$	\$
<input type="checkbox"/> Specified Causes of Loss	\$ (see below)	\$	\$
<input type="checkbox"/> Fire	\$ (see below)	\$	\$
<input type="checkbox"/> Fire and Theft	\$ (see below)	\$	\$
<input type="checkbox"/> Limited Specified Causes of Loss	\$ (see below)	\$	\$
<input type="checkbox"/> Collision	\$	\$	\$

'Comprehensive,' 'Specified Causes of Loss,' 'Fire,' 'Fire and Theft' or 'Limited Specified Causes of Loss' location information:

Location 1 Address: _____ Limit: \$ _____
 Open Lot Fenced Lot Inside Secured Building

Location 2 Address: _____ Limit: \$ _____
 Open Lot Fenced Lot Inside Secured Building

Location 3 Address: _____ Limit: \$ _____
 Open Lot Fenced Lot Inside Secured Building

Unlisted Locations: _____ Limit: \$ _____

UNDERWRITING INFORMATION

1. Number of vehicles repossessed this past year, and average value:

<i>Type of Vehicle</i>	<i>Number Repossessed</i>	<i>Average Value</i>
Autos		\$
Snowmobiles		\$
All terrain vehicles		\$
Trailered watercraft		\$

2. What is the estimated number of autos, snowmobiles, all terrain vehicles and trailered watercraft to be repossessed in upcoming year? _____
3. What is the average length of time repossessed vehicles are held before being sold? _____
4. What is your procedure for repossessing autos, snowmobiles, all terrain vehicles and trailered watercraft?

5. If you hire a repossession firm, do you obtain evidence of automobile, general liability and workers' compensation insurance from the repossession firm? Yes No
What limits of coverage do you require?
 - a. Automobile: \$ _____
 - b. General Liability: \$ _____
 - c. Workers' Compensation: \$ _____
6. What is your procedure for selling repossessed autos, snowmobiles, all terrain vehicles and trailered watercraft?

7. Do you allow anyone to test drive a repossessed vehicle without an employee in the vehicle? Yes No

REPOSSESSED VEHICLE LOSS HISTORY – LAST THREE YEARS

YEAR _____			YEAR _____			YEAR _____		
Premium	Losses	# Claims	Premium	Losses	# Claims	Premium	Losses	# Claims
\$	\$		\$	\$		\$	\$	

Describe all losses over \$5,000 OR provide recently evaluated loss reports:

Date of Loss	Type / Description of Occurrence or Claim	Amount		Claim Status	
		Paid	Reserved	Open	Closed
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

FLORIDA: 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 of the third degree.

KANSAS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, 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.

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

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name – Printed:	Date:
Producer Signature*: X	State Producer License No (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:
Agency Address:		

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.