



REPOSSESSORS QUESTIONNAIRE

Applicant Name: _____
 Address: _____

1. Mark all operations that apply:

<input type="checkbox"/>	For hire wrecker serving the public	_____%
<input type="checkbox"/>	Repo in conjunction with auto dealership	_____%
<input type="checkbox"/>	Repo for customers on contract	_____%
<input type="checkbox"/>	Wrecker in conjunction with Auto Service operations	_____%
<input type="checkbox"/>	Wrecker Service on Police Rotation	_____%

2. List all clients you have contracts with: _____

3. How do you repossess vehicles?

<input type="checkbox"/>	Towed _____%	<input type="checkbox"/>	Driven _____%
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4. Types of Repos:

<input type="checkbox"/>	Voluntary _____%	<input type="checkbox"/>	Involuntary _____%
Is owner notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By Whom? _____
Are keys provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you hotwire vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. Do you use subcontractors or temporary workers?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is there a written contract in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you require proof of insurance for subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. What types of units do you repossess?

<input type="checkbox"/>	Private Passenger _____%	<input type="checkbox"/>	Light Commercial Trucks _____%
<input type="checkbox"/>	Heavy Commercial Trucks / Trailers _____%	<input type="checkbox"/>	Equipment _____%
<input type="checkbox"/>	Other: (describe) _____		

7. If operations include for hire wrecker operations, list all major metropolitan areas you service: _____

8. List any other operations conducted through your business: _____

9. Do employees carry any firearms or weapons of any kind? Yes No

10. How are employees instructed to handle confrontation? _____

11. Do you have an impound / storage lot? Yes No If Yes, provide maximum number of autos stored: _____

12. Coverages Desired for this operation:

<input type="checkbox"/>	Garage Liability	<input type="checkbox"/>	Owned Auto Liability	<input type="checkbox"/>	Garagekeepers
<input type="checkbox"/>	In Tow	<input type="checkbox"/>	Dealers Open Lot	<input type="checkbox"/>	Other

13. List of Wreckers used in conjunction with this operation:

Veh #	Year	Make	VIN	GVW	ACV	Radius
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

14. List all Wrecker Drivers.

Name	DOB	Years Experience	Full or Part Time	# of Violations	# of Accidents

Applicant Signature

Date