



Hatch Insurance Agency, Inc.

Repossession Questionnaire

Business Name:		DBA:	
Phone:	Fax:	Email:	
Mailing Address:			
City:	State:	Zip Code:	
Referred by:		Renewal Date:	
Federal ID #/ SS#:	# of Adjusters:	# of Clerical:	# of Owners:

OPERATION DESCRIPTION

1. Please mark all operations with percentage breakdown of operations (must total 100%):

- Repossession: %
- Skip Tracing: %
- Collections: %
- Private Investigation: %
- Towing (other than Repo): %

***Any other operations? Yes No

If yes, please explain:

2. Year Business Started:	3. Radius of Operations:	
4. Annual number of Repossessions:	% Key Start:	% By Tow:
5. Percentage of repossessions by vehicle type:		
Private Automobiles: %	Recreation Vehicles: %	
Light Wreckers: %	Boats/Watercrafts: %	
Medium Wreckers: %	Size of Boats/Watercrafts:	
Heavy Wreckers: %		
6. Whom do you provide repossession service for?		
<input type="checkbox"/> Banks/Finance Institutes	<input type="checkbox"/> New Car Dealerships	<input type="checkbox"/> Used Car Dealerships
<input type="checkbox"/> Pay Here Buy Here	<input type="checkbox"/> Other: _____	
7. Do you obtain a written authorized assignment on each repossession? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Subcontract Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what percentage: % Require being Named Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(NEED COPY OF CERTIFICATE OF INSURANCE)		



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EMPLOYEE SELECTION & TRAINING

1.	How many drivers were terminated in the last twelve months?	
2.	How many drivers did you hire?	
3.	What is your minimum hiring age for drivers?	
4.	Are police records checked prior to hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are back ground checks completed prior to hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are applicants road tested in the type of vehicles they will be operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are driving records checked before hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How often are driving records checked after hiring?	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly
	Is a copy of current MVR's maintained in employee records?	
	Are drivers required to take Drug Test	
9.	Drivers required taking a "Driver Certification Program"? If yes, identify program:	
10.	Is personal use of vehicles by employees permitted? If yes, is there a written procedure?	
11.	Are non-employees permitted to ride in or operate vehicles? If yes, explain:	
12.	DO YOU HAVE A WRITTEN AND ENFORCED POLICY PROHIBITING EMPLOYEES FROM CARRING WEAPONS ON THEIR PERSONS OR IN A VEHICLE? If, yes please attach a copy of procedure.	
13.	Do you have a policy regarding invasion of privacy and hostile debtor? If yes, please attach copy.	
14.	Do you have a written safety manual?	
15.	Do you have a written accident review policy? If yes, please attach copy.	

FORMS AND FILINGS

State Filing (S)				
State	Liab (E)	Cargo (H)	GKLL (T)	MCS-90



VEHICLE INFORMATION

YEAR	MAKE	MODEL	VIN #	GARAGE LOCATION	PHYSICAL DAMAGE	VEHICLE COST NEW
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	



STORAGE LOCATION

Physical Address:		
City:	State:	Zip:
Fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage Keepers Limit:
# of Veh. Stored:	Night Watchman: <input type="checkbox"/> Yes <input type="checkbox"/> No	Camera's: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:		
City:	State:	Zip:
Fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage Keepers Limit:
# of Veh. Stored:	Night Watchman: <input type="checkbox"/> Yes <input type="checkbox"/> No	Camera's: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:		
City:	State:	Zip:
Fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs: Yes No	Garage Keepers Limit:
# of Veh. Stored:	Night Watchman: <input type="checkbox"/> Yes <input type="checkbox"/> No	Camera's: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:		
City:	State:	Zip:
Fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage Keepers Limit:
# of Veh. Stored:	Night Watchman: <input type="checkbox"/> Yes <input type="checkbox"/> No	Camera's: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:		
City:	State:	Zip:
Fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage Keepers Limit:
# of Veh. Stored:	Night Watchman: <input type="checkbox"/> Yes <input type="checkbox"/> No	Camera's: <input type="checkbox"/> Yes <input type="checkbox"/> No



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DRIVER LIST					
FIRST NAME	LAST NAME	DOB	DRIVER LIC #	STATE	YEARS OF EXPERIANCE