



**STATE OF TENNESSEE
DEPARTMENT OF SAFETY**

Driver/Insurance Qualification

I, being owner or proprietor of _____
Towing service do hereby submit this listing of all personnel who are employed by this company and will at any time be required to drive a tow truck or perform emergency roadside assistance as directed by members of the Tennessee Department of Safety. I further authorize the Tennessee Department of Safety to conduct a driver license and criminal history check on the personnel as authorized and in compliance with regulations established by the *Towing Service Standards Manual*.

PERSONNEL EMPLOYED BY COMPANY TO DRIVE TOW TRUCKS (Including Owners)					
NAME	D.O.B.	DRIVER LICENSE NUMBER	CLASS	VALID	N.C.I.C CHECK ACCEPTABLE (DOS Completion Only)
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

As further directed by regulations I am submitting the following insurance information for review:

Name of insurance company carrying vehicle liability _____

Name of insurance company carrying garage keepers liability _____

Name of insurance company carrying "on-hook" liability _____

INSURANCE LIABILITY INFORMATION	Agent's Name	Telephone Number	Policy Number	Amount	Expiration Date
Vehicle liability					
Garage keepers liability					
On-hook liability					

I hereby certify and attest that all vehicles that will be used by members of the Tennessee Department of Safety meet the minimum insurance requirements established in the *Towing Service Standards Manual*, which are:

CLASS	VEHICLE LIABILITY	GARAGE KEEPERS LIABILITY	"ON-HOOK" LIABILITY
Class A & D	\$300,000 per accident	\$75,000	\$75,000
Class B	\$500,000 per accident	\$150,000	\$150,000
Class C	\$750,000 per accident	\$200,000	\$200,000

Signature of Owner

Date

I have also attached copies of current insurance certificates to be kept on file with the Tennessee Department of Safety.

*Use additional sheets if necessary