



Work Injury and Employers Liability Protection

Company Name _____

Address/City/State/Zip _____

Contact Name _____

Phone No. _____ Fax No or email. _____

What percent (%) of total income is generated from voluntary repossessions _____% involuntary repo _____%

Are you subject to regulation by TDLR? _____ Are you subject to regulation by TXDOT? _____

# of Employees	Class Codes	Description
	7219a	Wrecker Service—Drivers
	8391	Wrecker Service—Mechanics
	8810	Clerical/Dispatch & Administrative

Current Workers' Compensation or Occupational Injury Company _____

Current Premium: \$ _____ How many claims have you had in the past three years? _____

Three Years of Loss Runs will be required for a final quote.

Have you ever been sued by an employee?? Circle one -- YES NO

Please describe any claim over \$5,000 _____

Benefits to be quoted:

Benefit Limit Including Legal Protection **One Million Dollars !! (Higher Limits Available)

**Travel Assistance Program for all employees and owners

**Drug discount card for all employees and owners

**Low Deductibles of ___\$1,000 or ___\$2,500

For a no obligation, Easy, Quick Quote — just fax this form to 903-872-5020, call us at 1-800-50-HANKS or email us at kathy@hanksinsurance.com

Endorsed by:



P. O. Drawer 590 1-800-50-HANKS
Corsicana, TX 75151 Fax 1-903-872-5020
Email: Kathy@hanksinsurance.com

I am also interested in:

Tow Truck Insurance

On-Hook/Cargo Ins.

VSF Lot Insurance

Property Insurance

Other Insurance