

**ILLINOIS STATE TOLL HIGHWAY AUTHORITY
2700 OGDEN AVENUE
DOWNERS GROVE, ILLINOIS 60515**

**NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED. INCLUDE
ADDITIONAL SHEETS IF SPACE PROVIDED IS NOT SUFFICIENT.**

Type of application: (Check those applicable)

_____ Light Duty Towing (up to 10,000 lbs. Gross Vehicle Weight), including disabled
motorist road service and truck tire service.

_____ Medium Duty Towing (10,001 lbs. – 40,000 lbs. Gross Vehicle Weight).

_____ Heavy Duty Towing (40,001 lbs. – and up Gross Vehicle Weight).

Name of Service: _____

Name of owner(s): _____

Address of business: _____
(P.O. Box is not sufficient):

Business phone: Day _____

Night _____

Currently providing 24 hour towing service: Yes _____ No _____

Provide the name of the closest access onto the tollway system from your garage. (83rd ST. toll plaza back gate”, “IL 53 interchange” are examples). Include The distance and travel time to get from your garage to that access point.

Access Point: _____

Distance from garage: _____ miles

Time required getting to that access point: _____ minutes

How long has garage been operated at this location? _____

Is the business operated as an individual proprietorship? _____

Joint venture? _____ Partnership? _____ Corporation?

If a joint venture, partnership or corporation, give the names and addresses of all parties owning an interest:

Does the applicant own or lease the business building and adjoining lands?

If leased, give the owner’s name and address and the length of time the lease has to run:

If leased, does the applicant have the option to renew? _____

Does the applicant possess a license for: (circle one)

- | | | | |
|----|-------------------|-----|----|
| a. | a relocater | Yes | No |
| b. | a rebuilder | Yes | No |
| c. | used parts dealer | Yes | No |
| d. | scrap processor | Yes | No |

EQUIPMENT:

List all wreckers by make, year and capacity (include sling/wheel lift/ flatbed information).

Unit #1: _____

Unit #2: _____

Unit #3: _____

Unit #4: _____

Unit #5: _____

Unit #6: _____

Unit #7: _____

Unit #8: _____

Unit #9: _____

Unit #10: _____

List other equipment related to tow and road services (optional).

FACILITIES:

Garage size: _____ ft. by _____ ft. _____

Is the service garage equipped to handle all types of repairs on all makes of passenger vehicles? Yes _____ No _____

If "no" state limitations:

Does the garage have a waiting area? Yes _____ No _____

Number of restrooms for customers: _____

Number of inside passenger car storage spaces: _____

Size of storage area: _____ ft. by _____ ft. _____

Security arrangements: _____

Repair facilities - hours of operation:

Weekdays: _____ to _____

Saturdays: _____ to _____

Sundays: _____ to _____

Holidays: _____ to _____

FACILITIES:

Address and size of non-adjacent storage facilities:

EMPLOYEES: Complete all information for owner and tow operators:

Full Name	Drivers License #	State	Class	Date of Birth	Years Exp.

Number of mechanics _____

Total number of employees _____

INSURANCE: (The insurance coverage required by the Authority is outlined on page 9 .)

Carrier: _____

Coverage: Liability Limits _____

Property Damage Limits _____

NOTE: Certification from your insurance company must accompany this application.

Do not increase your current coverage in order to submit application. Should your company's current coverage require changes to comply with the Authority's insurance, the changes can be made when your company is offered a position on the Call List. See Attachments for requirements.

ACKNOWLEDGMENT:

The Operator making application must be aware that firm is willing to adhere to the Illinois State Towing Policy as follows:

1. When a vehicle is wrecked, disabled or abandoned, the owner or person responsible for such vehicle shall have the right to determine where it shall be towed and by whom, if the service can be completed within a reasonable amount of time. In cases where the owner, or person responsible, is injured to the extent of being unable to make a decision; has been removed from the scene; has no preference; or is not present; Illinois State Police personnel shall have such vehicle towed by the most conveniently located concern offering capable towing services and the vehicle shall be taken to that concern's place of business for storage. The towing service will be responsible for protection of the vehicle and its contents until claimed by the owner or disposed of by the Illinois State Police. Selection will be made on a basis of geographic area determined by the location of the vehicle requiring towing service.
2. Provide general information concerning the operation of the towing firm and the service provided by completion of this form.
3. Submit to inspection of wreckers and other vehicles used for towing to ensure compliance with the Illinois Compiled Statutes, Chapter 625.
4. Have available on the premises or have access to a facility for secure inside storage of impounded vehicles and submit to an inspection of the facility.
5. Submit to inspection of the area designated for storage of towed vehicles not impounded.
6. Be willing to provide 24-hour a day towing service including the towing of abandoned vehicles.
 - a. If service cannot be provided due to equipment failure, prior commitment or other unforeseen circumstances, the towing firm so affected will notify District Operations of the out- of-service status and when service is restored.
7. Be willing to waive storage fees for vehicles impounded by the Illinois State Police and
 - a. Seized by the Department of State Police through authority granted by the Illinois Compiled Statutes.
 - b. Being held as a result of an Order of the Court.
 - c. Being held as evidence.

8. Upon request, provide up-to-date certification of the indemnity bond or insurance policy meeting the requirements as the Illinois Compiled Statutes, Chapter 625, Section 5/12-606. If canceled, the Tow Operator will provide a 30-day written notice to the Tollway.
9. Adhere to the fee schedule as prescribed in the attachments to this application, and modified from time to time by the Illinois State Toll Highway Authority.
10. To provide the services authorized in accordance with Illinois Tollway rules, regulations, manuals and the Illinois Motor Vehicle Code, Chapter 625 Illinois Compiled Statutes (from Chapter 95 ½ Illinois Revised Statutes).

Signature of Owner

Date

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2700 OGDEN AVENUE
DOWNERS GROVE, IL. 60515**

TOW OPERATOR:

FORWARD THIS FORM TO YOUR INSURANCE BROKER.

AGENT: INSURANCE REQUIREMENTS FOR AUTHORIZED TOWING OPERATOR ARE LISTED BELOW. PLEASE INITIAL IN THE SPACE PROVIDED TO INDICATE VERIFICATION OF COVERAGE. THIS DOCUMENT MUST ACCOMPANY THE CERTIFICATE OF INSURANCE WHEN FORWARDED TO THE AUTHORITY. CONTACT RISK INSURANCE AT (630) 241-6800 EXT. 4288 IN THE EVENT CLARIFICATION IS REQUIRED.

- (1) _____ A) Broad form garage liability with coverage of no less than \$1,000,000 per occurrence with a \$2,000,000 aggregate.
- _____ B) Additional insured endorsement naming as additional insured:
Illinois State Toll Highway Authority
Illinois State Police: District # 15
- (2) _____ A) Garage keepers legal liability with not less than \$150,000 coverage per truck.
- _____ B) On hook coverage by gross vehicle weight (G.V.W.) as follows:
_____ (I) 0 - 10,000 lbs. G.V.W. - Amt. \$ 50,000.00
_____ (II) 10,000 - 20,000 lbs. G.V.W. - Amt. \$ 75,000.00
_____ (III) Over - 20,000 lbs. G.V.W. - Amt. \$150,000.00
- _____ C) Cargo Policy: \$150,000.00 combined vehicle and cargo coverage
Note: This coverage is necessary if the towed vehicle is insured under the garage keepers legal liability in lieu of the on hook.
- (3) _____ A) Auto liability insurance of not less than \$1,000,000 per occurrence for hired and non-hired vehicles.
- _____ B) MCS-90 form issued per Department of Transportation.
- (4) _____ Workers compensation policy covering drivers and other employees of the towing operation.
- (5) _____ All policies shall carry a thirty (30) day written notification of cancellation.

Insurance Agent Signature _____ Print Name

PLEASE RETURN APPLICATION TO

Mr. Steven Mednis
Incident Manager
The Illinois State Toll Highway Authority
2700 Ogden Avenue
Downers Grove, Illinois 60515

(630) 241-6800, Extension 4904

FOR OFFICE USE ONLY

Accepted _____ Rejected _____ Date _____

Reason for rejection _____

By Whom _____

SUPPLEMENTAL SHEET FOR MILE POST ASSIGNMENTS

From mile post ____ to mile post ____ on the _____ Tollway.

From mile post ____ to mile post ____ on the _____ Tollway.