

LOCATION, SIZE, & SECURITY FEATURES OF STORAGE LOT FOR TOWED VEHICLES:

LOCATION & HOURLY AVAILABILITY OF TOW TRUCKS:

REQUIREMENTS:

- DESCRIPTION OF TOWING VEHICLES LISTED ON ATTACHED FORM
- LIST OF ALL EMPLOYEES DRIVING ANY TOW TRUCKS & THEIR CDL NUMBERS ON ATTACHED FORM
- YOUR ATTACHED NOTARIZED STATEMENT: (Pursuant to Public Act No. 391 of 1919, MCL 256.541 et seq.) completed by the business owner to accept responsibility for any and all personal property left in towed, along with the location where security for towed vehicles will be provided.
- COPIES OF YOUR INSURANCE CERTIFICATES:
 - A) Garage keeper's policy, a garage keeper's legal liability policy covering fire, theft, windstorm, vandalism, and explosion in the amount of \$10,000.00 with each vehicle suffering damage being deemed a separate claim.
 - B) Garage liability policy, a garage keeper's legal liability policy covering the operation of the owner's business, equipment, or other vehicles for any bodily injury or property damage
 - C) Notice of change or cancellation. Each policy required under this section must contain an endorsement by the carrier providing **ninety (90) days notice** to both the city and the insured if there is any material change or cancellation.
 - D) Copies needed of abover certificates to be on file in the City Clerk's Office. The City of Warren must be listed as the Certificate Holder & Additional Insured
- COPY OF YOUR MICHIGAN STATE SALES TAX LICENSE
- COPY OF YOUR DRIVER'S LICENSE

PAUL WOJNO
1 CITY SQUARE
WARREN, MI 48093-2393

NOTARIZED STATEMENT

Date: _____

I, _____, agree to assume responsibility for personal property left in vehicles towed by _____ provided the
(company name)
owner of the the towed vehicle can show proof that said personal property was in the vehicle at the time of towing or while in our storage facility. Security for towed vehicles will be provided at:

(Signature of Owner)

Subscribed and Sworn to before me this
_____ day of _____, 20__

Notary Public of _____ County, State
of Michigan.

My commission expires _____, 20__

LICENSE NO.

BUSINESS NAME:

WRECKER/TOW TRUCK VEHICLE LIST

PLATE NO. ISSUED BY CLERK:
Wrecker No.
Make & Model:
Year:
Vin. No.
License No.
Mileage:

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