



# EMERGENCY ROAD SERVICE APPLICATION

PLEASE PRINT OR TYPE

Business Name:
Address:
Location:
City State Zip
Phone #:
Day Evening Mobile
Fax #:
Email Address:
Truck List:
Year Make Model

Does Facility tow for any law enforcement agency?  Yes  No  
If yes, please list: \_\_\_\_\_

Does Facility tow for any other firms?  Yes  No  
If yes, please list: \_\_\_\_\_

Owner Name:
Home Address:
City, State, Zip
Phone:

The undersigned hereby makes application for appointment as an official service station of the AAA Hoosier Motor Club; to render Emergency Road Service to all AAA members as a basis for consideration of the application. The undersigned also consents to any reference checks deemed necessary by the Hoosier Motor Club.

\_\_\_\_\_  
*Signature of Applicant* \_\_\_\_\_  
*Date*

**Must be available 24 hours per day, 7 days a week.**

**Please send or fax this application along with proof of insurance\* and copy of owner's driver license to:**

**AAA Hoosier Motor Club  
3750 Guion Road  
Indianapolis, IN 46222  
Attn: Automotive Services  
Fax: (317) 923-1351**

**AAA Hoosier Motor Club must be named as additional insured.**

\*Insurance Requirements: AAA Hoosier Motor Club requires a minimum \$1,000,000 combined single limit and \$100,000 on hook.