

**AAA SOUTHERN PENNSYLVANIA  
AUTOMOTIVE SERVICES  
ROADSIDE ASSISTANCE  
APPLICATION**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ (Night): \_\_\_\_\_ (24-Hour): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Federal Tax I.D. #: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Length of Time: a) At Present Location: \_\_\_\_\_

b) Under Present Ownership: \_\_\_\_\_

c) Under Present Management: \_\_\_\_\_

Hours/Days of Operation to General Public: \_\_\_\_\_

Does Your Facility Provide: Gasoline: \_\_\_\_\_ Yes \_\_\_\_\_ No

Diesel Fuel: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Insurance Company: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_ Agent's Phone #: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Limits: \_\_\_\_\_

**Type of Training Available to your Drivers:**


**Description of Service Vehicles:**

Year	Make	Model	Type (describe)

**Tools & Equipment:**


**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- 1) I have read the enclosed membership handbook, and I understand the services provided to AAA members.  Yes  No
- 2) I understand the procedures that are to be followed providing service to AAA members.  Yes  No
- 3) I understand that a complete investigation of my business will be conducted should I be selected as an AAA Contract facility.  Yes  No
- 4) I understand both the Better Business Bureau and the State Attorney General's office will be contacted as part of that investigation.  Yes  No
- 5) I understand that the investigation will involve contacting various business owner's in my community.  Yes  No
- 6) I have read the enclosed information regarding AAA's Check Acceptance Program, and I understand and agree to participate in the program.  Yes  No
- 7) I hold all required state and federal licenses for towing.  Yes  No
- 8) In the event of a member's complaint to the Club regarding your facility, I will cooperate fully in any investigation thereof and I will abide with the decision of the club.  Yes  No
- 9) I will provide emergency road service 24/7/365.  Yes  No
- 10) I am willing to provide emergency road service on request beyond my zone of operation 24/7/365.  Yes  No
- 11) I will have the equipment and personnel available to provide these services to the AAA member.  Yes  No
- 12) The insurance liability and limits have been explained to me, and I understand that I must carry these limits to participate as an AAA contract facility.  Yes  No
- 13) I am willing to provide the Club with a Certificate of Insurance listing AAA Southern Pennsylvania as the Certificate Holder.  Yes  No

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Signature

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Title

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Date