

Section A: General Business Information

Applicant's Legal Names		DBAs			
Affiliated Companies or Subsidiaries		Parent Company			
Current Insurance Company		Policy #	Policy Period		
Mailing Address		City	County		
State	Zip	Years in Business			
Owners Name		Cell Phone #			
Email address		Owner involved in day to day operation			
		Yes		No	
Inspection Contact		Office Phone			
Federal ID #					
Entity Type	Individual	Corp	LLC	Partnership	Joint Venture
	Other (describe)				
Yes	No	In the past three years has the company or its owners filed for bankruptcy, financial reorganization or had any liens placed against it			
Yes	No	Any ownership changes, acquisitions, or sales in the last 5 years			
Five Largest Clients for which the applicant Tows					Contracts
1					Yes NO
2					Yes NO
3					Yes NO
4					Yes NO
5					Yes NO

Section B: Gross Sales and Operations

Total Gross Annual Sales		Total Number of Employees	
		Part-time	Full-time
		Number of Drivers	Payroll
Provide the percentage of revenue from each of the following operations			
Operation	Percentage (%)	Operation	Percentage (%)
Towing	%	Trucking/Other	%
Roadside Services	%	Body Shop Repairs	%
Repair Shop	%	Service Station	%
Vehicle Storage	%	Rental Operations	%
Voluntary Repossession	%	New/Used parts sales	%

Tow Operation Survey

Involuntary Repossession % Auto transporting (car haulers) % Trucking/Equipment Hauling % Tire Sales % % New % Used % Recapped	Lien Car Sales % Public Parking % Auctions % Other—Specify %
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Section C: Location Information

Location 01		
Street	City	County
	State	Zip Code
Describe Use of Location & How Occupied		
Office	Repair	
Impound (Square footage or acreage of lot)	Other (describe)	
Vehicle Storage (Square footage or acreage of lot)		

Location 02		Not Applicable
Street	City	County
	State	Zip Code
Describe Use of Location & How Occupied		
Office	Repair	
Impound (Square footage or acreage of lot)	Other (describe)	
Vehicle Storage (Square footage or acreage of lot)		

Location 03		Not Applicable
Street	City	County
	State	Zip Code
Describe Use of Location & How Occupied		
Office	Repair	
Impound (Square footage or acreage of lot)	Other (describe)	
Vehicle Storage (Square footage or acreage of lot)		

Vehicle storage or Garage keepers limit and deductibles needed

	Location 1	Location 2	Location 3
Garage Keepers Limit \$			
Deductibles Desired	500	500	500
	1000	1000	1000
	2500	2500	2500
	5000	5000	5000

Tow Operation Survey

Description of protection and Operation Per Location

	Location 1		Location 2		Location 3	
1. Completely fenced Fence Height	Yes	No	Yes	No	Yes	No
2. Completely lighted at night	Yes	No	Yes	No	Yes	No
3. Surveillance camera equipped	Yes	No	Yes	No	Yes	No
4. Is the facility equipped with Intrusion alarm	Yes	No	Yes	No	Yes	No
5. Lot attended during business hours	Yes	No	Yes	No	Yes	No
6. ARMED Security guards on duty during the day or at night	Yes	No	Yes	No	Yes	No
7. Fire extinguishers are accessible at each yard	Yes	No	Yes	No	Yes	No
8. Customers' keys are kept locked in a secure location	Yes	No	Yes	No	Yes	No
9. Do you pick up or deliver customers' vehicles by driving the vehicle	Yes	No	Yes	No	Yes	No
10. Dogs on Premises Number of Dogs Breed	Yes	No	Yes	No	Yes	No

Section D: Towing Operations

Average number of tows per month		
Indicate below the various types of towing you perform		
1. Heavy Duty Commercial Towing and Recovery	Yes	No
2. Automotive Industry	Yes	No
3. Private Property (illegal parking violator removal)	Yes	No
4. Motor Club towing	Yes	No
5. Municipality, Highway or Turnpike Rotation	Yes	No
6. Towing for banks or finance companies	Yes	No
7. Voluntary Repossessions	Yes	No
8. Involuntary Repossessions	Yes	No
9. Towing for your own garage/body shop	Yes	No
Information on Dispatching and Job Assignment		
10. Are your tow trucks equipped with Scanners	Yes	No
11. Do you participate in any "Chase" or first on the Scene towing	Yes	No
12. Do you require each tow performed by your company to be dispatched by your office dispatcher	Yes	No

Tow Operation Survey

Section E: Truck/Equipment Hauling

1. Do you have contracts to haul goods for specific customers	Yes	No
2. Are all drivers performing this work CDL Class "A" licensed drivers	Yes	No
3. Do you haul, transport or set up Mobile Homes	Yes	No
4. What is the maximum distance traveled Miles		
5. How many of your drivers are involved in this operation Name		
6. What commodities do you haul		

Section F: Safety Management

1. Name and Title of person in charge of the Safety Program		
2. Do you have a Written Safety Program	Yes	No
3. How often do you hold safety meetings		
4. Are all trucks equipped with annually inspected fire extinguishers	Yes	No
5. Do you have a written Driver Training Program	Yes	No
6. Do you have a written vehicle take-home policy	Yes	No

Section G: General Operations

1. Do you lease vehicles from other individuals or companies	Yes	No
2. Do you lease vehicles to other individuals or companies	Yes	No
3. Do you own or lease any cranes	Yes	No
4. Do you hire sub-contractors at any time	Yes	No
5. Do you have any additional vehicles owned or leased by your company not on this schedule	Yes	No
6. Do your vehicles travel outside of a 200-mile radius on a Regular basis	Yes	No
Are the following procedures or items required		
7. Do you require the use safety chains on every tow	Yes	No
8. Do you require the use of wheel-lift straps on every tow	Yes	No
9. Do you require the use of vehicle-towing lights on every tow	Yes	No
10. Please breakout the per trip mileage for your fleet		
0-50 Miles % 51-200 Miles % Over-201 Miles %		

Section H: Maintenance

1. Do you maintain maintenance logs on each vehicle	Yes	No
2. Do you perform the routine maintenance on your equipment	Yes	No
3. Are they Professionally Certified as Mechanics	Yes	No
4. If you do not perform the maintenance who does		
5. Are your drivers in any way responsible for the cost of the maintenance of your equipment	Yes	No
6. Do your drivers perform daily maintenance checks on all vehicles	Yes	No
7. Are your vehicles subject to annual inspection by the state	Yes	No

Tow Operation Survey

Section I: Driver Management Section

1. Do you obtain a Motor Vehicle Record Report (MVR) on each driver prior to hiring	Yes	No
2. Do you check job references prior to hiring	Yes	No
3. Do you have a drug-testing program	Yes	No
4. Do you road test all drivers prior to hiring	Yes	No
5. Driver Management: Do you obtain an MVR at least on an Annual basis	Yes	No
6. Do you maintain driver files including copies of tickets and the MVR	Yes	No
7. Do all your drivers meet the federal & state license requirements	Yes	No
8. Do you have a Written Disciplinary/Termination policy	Yes	No
9. Do you have a Written Accident Review Policy	Yes	No
10. Do you issue any employee or independent contractor a 1099	Yes	No
11. Do you carry Workers Compensation Insurance	Yes	No
Name of W/C Carrier		
Policy#	Policy Period	
12. How are drivers compensated	Hourly Wage	Salary
	Commission	1099
13. How many drivers quit or were fired last year		
14. How many did you hire last year		
15. Do you require your drivers to take outside training courses	Yes	No
16. If yes, what driver training do you provide for your drivers		

Section J: Regulatory Filings:

(To aid in the processing of a filing please submit a copy of the prior filing we are replacing)

1. Filings: Do you require a DOT or State Filing	Yes	No
2. Do you require an MCS-90 endorsement	Yes	No
3. Haz Mats: Do you perform tows of hazardous materials	Yes	No
4. Do you ever move hazardous materials on a primary haul basis	Yes	No
5. MC/DOT Number	State Authority number	
6. Are any additional filings required	Yes	No

Tow Operation Survey

To be Considered, this Application Must be Signed by a Company Officer

The undersigned acknowledges and understands the information provided herein will be used to underwrite the applicant based on the information provided.

Signature below indicates the information provided is true and correct. This Supplemental Application must be signed by a company officer or owner of the entity applying for insurance.

Applicant's Signature

Date

Applicant's Name (Please Print)

Applicant's Title