|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Insured Name:**  **Website:** | | | | | | | | | |
| **Operation:** | | | | | | | | | |
|  | List the types of tow licenses you hold by State: | | | | | | | | |
|  | Do you tow any tractor trailers, heavy trucks (over 26,000 GVW) or buses?  *If yes, what percentage of operation?*  *%* | | | | | | | | Yes No |
|  | What authorization do you require before towing (consent to tow)? | | | | | | | | |
|  | How do you ensure the correct vehicle is towed? | | | | | | | | |
|  | How do you ensure care of the owner’s property in towed vehicles? | | | | | | | | |
|  | What is done with any illegal items found in towed vehicles? | | | | | | | | |
|  | How do you ensure vehicles are released to the right person? | | | | | | | | |
|  | Any sales of unclaimed or abandoned vehicles? | | | | | | | | |
|  | What key controls are in place for customer vehicles? | | | | | | | | |
|  | Do you participate in police rotation?  *If yes, what percentage of operation?*  *%* | | | | | | | | Yes No |
|  | Any long-distance towing (over 200 miles)?  *If yes, what percentage of operation?*  *%* | | | | | | | | Yes No |
|  | Any specialized towing operations (i.e. Accident involving trucks hauling hazmat)? *If yes, explain:* | | | | | | | | Yes No |
|  | What trade group/associations(s) does the applicant belong to?  *If other, please provide listing:* | | | | | | | TRAA  State Assoc.  Other | |
|  | Any wreck chasing done? | | | | | | | | Yes No |
|  | Are passengers allowed to ride with drivers in tow truck? | | | | | | | | Yes No |
|  | Any personal use of your company vehicles?  *If so, is there a written policy in place for their use?* | | | | | | | | Yes No |
|  | Do you act as a subcontractor for other towing companies?  *If yes, what percentage of operation?*  *%* | | | | | | | | Yes No |
|  | Any gas pumps on premises? | | | | | | | | Yes No |
|  | Do you own or sponsor any racing vehicles? | | | | | | | | Yes No |
|  | How many of each do you have issued to your company:  Dealer Plates  Transportation Plates  Reposessor Plates | | | | | | | | |
|  | List anything hauled in the past 2 years other than autos: | | | | | | | | |
|  | Principal Operations:  Towing  Auto Body Work  Auto Repair/Service Work  Sell Autos  Salvage Operations  Drive-away Operations  C-Store or Gas Sales  Voluntary Repossessions  Involuntary Repossessions  Auto Parts Sales  Sell Used or Recapped Tires  Auto Hauling  Equipment Hauling  Sell New Tires | | Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No | | | % of Revenue | | | |
|  | What percentage of gross receipts are from towing/transporting items other than vehicles?  % Explain: | | | | | | | | |
|  | Safety technology utilized in vehicles (AERs, GPS, Dash Cams etc.)?  *If yes, please provide details:* | | | | | | | | Yes No |
| **Security at Location** | | | | | | | | | |
|  | Does the applicant have a dog on the premise? | | | | | | | | Yes No |
|  | Is the location fenced?  *If yes, provide the height:* | | | | | | | | Yes No |
|  | Is the premise locked and gated at night? | | | | | | | | Yes No |
|  | Is the premise equipped with an alarm or security cameras? | | | | | | | | Yes No |
|  | Does the applicant keep keys to all autos in a safe and secure place at all times? | | | | | | | | Yes No |
| **Drivers** | | | | | | | | | |
| **Driver Hiring Criteria (check all that apply)** | | | | **Maintenance & Safety Management** | | | | | |
|  | Written Application  Road Test  Written Test  Reference Checks | Full Medical  Drug Testing Policy  Obtain Current MVR | | | Drug Testing Policy  Accident Review Policy  Vehicle Take Home Policy  Written Driver Training Program  Written Safety Program  Written Maintenance Program  Disciplinary/Termination Policy | | | | |
|  | Are drivers certified by TRAA or similar associates? | | | | | | | | Yes No |
|  | All drivers your employees? | | | | | | | | Yes No |
|  | Do you agree to report all drivers? | | | | | | | | Yes No |
|  | Are all drivers properly licensed and DOT compliant? | | | | | | | | Yes No |
|  | Have all drivers been driving a similar vehicle for 2+ years? | | | | | | | | Yes No |
|  | Are any family members <21 drivers of a company auto? | | | | | | | | Yes No |
|  | Minimum Drivers Age:  Maximum Drivers Age: | | | | | | | | |
| **Recovery Operations** *(Complete if repossessing or recovering vehicles)* | | | | | | | | | |
|  | Are you involved with any repossessions?  *If yes, what percentage of operation?*  *%* | | | | | | | | Yes No |
|  | What percentage of your repossessions occur during:  Daylight Hours:  % Night Hours:  % | | | | | | | | |
|  | List any financial institutions you have contracts with: (ex: GMAC, Nation Bank, etc.) | | | | | | | | |
|  | Do you provide any recovery services for new car dealers? | | | | | | | | Yes No |
|  | What type of property do you repossess?  Construction Equipment  Household Items | | | Boats  Tractor/Trailers  Heavy Equipment | | | ATVs  Autos  Motorcycle | | |
|  | *Do you have Workers Compensation Insurance?* | | | | | | | | Yes No |
|  | Any drivers carry firearms? | | | | | | | | Yes No |
| **Regulatory Filings** | | | | | | | | | |
|  | Does applicant require Filings?  *If yes, what filings are required?* | | | | | | | | Yes No |
|  | Is all equipment operated under the applicant’s authority? | | | | | | | | Yes No |

WARRANTY: The purpose of the Supplement Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein (consisting of three pages) is true and accurate to the best of their knowledge, information and belief. The Supplemental Questionnaire and the application, to which it is appended, shall be the basis of any insurance.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Producer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_