|  |
| --- |
| **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 and how is each one used:Dealer Plates Transportation Plates Reposessor Plates  |
|  | List anything hauled in the past 2 years other than autos:  |
|  | Principal Operations:TowingAuto Body WorkAuto Repair/Service WorkSell AutosSalvage OperationsDrive-away OperationsC-Store or Gas SalesVoluntary RepossessionsInvoluntary RepossessionsAuto Parts SalesSell Used or Recapped Tires Auto HaulingEquipment HaulingSell 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_