

Business Trade Name

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**TOW TRUCK OPERATORS**

Operations:

1. Are dogs chained or penned during working hours?  Yes  No  No Dogs
2. What is your radius of operation?  100 miles  300 miles  300+ miles
3. Do you own and use transporter tags?  Yes  No
4. Have you executed any contracts with hold harmless or waiver of subrogation agreements? If Yes, to whom?  Yes  No

5. What percentage of your towing is?
  - a. Private Passenger \_\_\_\_\_%
  - b. Commercial Truck \_\_\_\_\_%
  - c. Tractor-Trailer rigs \_\_\_\_\_%
6. What percentage of your towing is done for?
  - a. Police Rotation \_\_\_\_\_%
  - b. Motor Club Contracts \_\_\_\_\_%
  - c. Municipal Contracts \_\_\_\_\_%
  - d. Dealer/Repair/Body shops \_\_\_\_\_%
  - e. Rental Car Contracts \_\_\_\_\_%
  - f. Repossession \_\_\_\_\_%
  - g. Individuals \_\_\_\_\_%

7. Is the storage lot fenced, gated and lighted?  Yes  No
8. Is storage lot paved and free of weed and brush?  Yes  No
9. Do you hire out to other operators? If Yes, explain  Yes  No

10. Are your vehicles equipped with theft alarms?  Yes  No
11. Do you use police scanners to chase accidents?  Yes  No
12. Do you perform monthly vehicle safety inspections?  Yes  No
13. What is the overall condition of your vehicles?  Excellent  Good  Fair
14. Do you obtain MVR verification on all drivers?  Yes  No
15. Do you employ/use any part time drivers?  Yes  No
16. Do you use a towing recovery procedure manual?  Yes  No
17. Do you offer safety training classes on a regular basis?  Yes  No
18. Is your driver turnover less than 20% a year?  Yes  No

19. How experienced are your tow truck drivers?

- Age 25+ with 5 years experience, references checked, CDL if needed
- Age 21-24 with 3 years experience, references checked, CDL if needed
- All drivers have a minimum of 2 years experience

20. What type of driver incentive program do you have in place?

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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_