

WORKERS' COMPENSATION TOWING SUPPLEMENTAL APPLICATION



<b>GENERAL INFORMATION</b>			
Company Name		DOT #	
Year Business Started		Web Address	
Physical location of each terminal (City and State)			
ARE THERE ANY BUSINESSES OWNED OR OPERATED BY APPLICANT OTHER THAN COMPANY LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/>	List Other Businesses (if any)		
IF "YES" ABOVE, IS THERE ANY INTERCHANGE OF LABOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
How are drivers paid?	<input type="checkbox"/> Hourly <input type="checkbox"/> Per Mile <input type="checkbox"/> Per Trip <input type="checkbox"/> % of Load <input type="checkbox"/> Other	Average full-time wage or rate of pay?	
Radius of Operation	% < 50 miles	% 51-100 miles	% 101-150 miles <span style="margin-left: 20px;">% &gt; 150 miles</span>
Does company owner drive a truck? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is company owner to be included on policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>EQUIPMENT</b>							
Number of Power Units							
Flatbed		Hook and Chain		Wheel-Lift		Integrated (heavy duty)	
Service Vehicles		Other		Other			

<b>SPECIFIC EXPOSURE QUESTIONS</b>															
Does the insured have a contract with AAA? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what _____% of revenue is from AAA?															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #e0e0e0;">Breakdown of Service by Job Type (must add to 100%)</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;"></td> <td>Dedicated to Roadside Assistance?</td> </tr> <tr> <td></td> <td>Dedicated to towing?</td> </tr> <tr> <td></td> <td>Dedicated to battery service?</td> </tr> </tbody> </table>	Breakdown of Service by Job Type (must add to 100%)			Dedicated to Roadside Assistance?		Dedicated to towing?		Dedicated to battery service?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #e0e0e0;">Misc. Service Questions (does not need to add to 100%)</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;"></td> <td>% of calls with Service on Highway/Freeway</td> </tr> <tr> <td></td> <td>% of calls involving towing of vehicles &gt;= 1 ton</td> </tr> </tbody> </table>	Misc. Service Questions (does not need to add to 100%)			% of calls with Service on Highway/Freeway		% of calls involving towing of vehicles >= 1 ton
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Does the insured use multiple vehicles for highway/freeway service calls? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Does the insured perform vehicle repossession? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Does the insured perform "winch out" services in connection with underwater recovery or repelling on hillsides/cliffs or canyons? If so, please explain.															

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<b>MAINTENANCE OPERATION</b> (CHECK ALL THAT ARE APPROPRIATE)				
<input type="checkbox"/>	There are no employee mechanics - All truck and trailer service/repair is performed by outside entities)	<input type="checkbox"/>	One or more employees performs <u>most</u> non-warranty service/repair work on company-owned power-units	
<input type="checkbox"/>	One or more employees performs preventative maintenance <u>only</u> (brakes, lights, oil, grease, etc)	<input type="checkbox"/>	One or more employees performs service/repair work on company-owned trailers	
<input type="checkbox"/>	One or more employees repairs and/or mounts tires	Tire cage used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	One or more employees performs service repair work on for equipment not owned or operated by the applicant
<input type="checkbox"/>	One or more employees performs roadside repairs	<input type="checkbox"/>	One or more employees performs work that involves tank entry	

<b>DRIVERS</b>			
Minimum age for new driver		Do driver selection procedures include the following (Check all that apply) <input type="checkbox"/> Written Application <input type="checkbox"/> Written Test <input type="checkbox"/> MVR Check <input type="checkbox"/> Road Test <input type="checkbox"/> Physical Exam Before Hire <input type="checkbox"/> Interview <input type="checkbox"/> Drug Test <input type="checkbox"/> Reference Check <input type="checkbox"/> FMCSA Pre-employment Screening Program <input type="checkbox"/> Criminal background checks	
Minimum experience required			
# of full-time employee drivers			
# of part-time employee drivers			
Number of W2 forms issued in previous calendar year		Number of 1099 forms issued in previous calendar year	
What is the estimated percentage of driver turnover?		Describe recent trends in driver turnover	
Number of "true" owner/operators (own the truck they operate) • To be included on workers' compensation policy? <input type="checkbox"/> Yes <input type="checkbox"/> No • Certificates of coverage obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of "fleet operators" (operate truck owned by other entity) • To be included on workers' compensation policy? <input type="checkbox"/> Yes <input type="checkbox"/> No • Certificates of coverage obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>GENERAL SAFETY MANAGEMENT</b>			
Frequency of driver safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details regarding driver training, re-training, certification program (e.g. TRAA, Wreckmaster).  Contact Information for company safety director NAME E-MAIL ADDRESS PHONE	
Incentive for clean roadside inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a safety-related incentive program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does employer use electronic HOS logs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is modified duty used to control claims costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Percent of employee participation in employer-provided healthcare insurance? (N/A if not offered)		%	
Applicant's Signature		Agent's Signature	
Date		Date	

*Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.*