

Towing - Industry Supplemental Questionnaire



Applicant Information:

Proposed Effective Date: / /	Legal Name:	Application ID:
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Application completed by: Broker: ☐ Employer: ☐

Please provide (first, last) name: _____ Date: _____

<p>Hours of operations: ____ am ____ pm <input type="checkbox"/> 24 hours</p> <p>Any driving in excess of 11 hours per shift? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any driving in excess of 60 hours within 7-consecutive days? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Total number of vehicle recoveries in the last 12 months by employees: ____</p> <p>Any contract towing? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes – Please explain and provide the list of contracts:</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;">[Text Here]</div> <p>Contracts require a specific response time? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide response time: _____</p> <p>Formal vehicle maintenance program in place? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, who performs the maintenance?</p> <p><input type="checkbox"/> Employees <input type="checkbox"/> Other: _____ or <input type="checkbox"/> Both</p> <p>Please describe the types of repairs maintained by employees:</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;">[Text Here]</div>	<p>Does the insured perform any of the following?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle repossession</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Recovery of vehicles transporting hazardous materials</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Repelling on hillsides/cliffs/canyons to retrieve vehicles</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Underwater recovery</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Low-bed/heavy hauling/transportation of large items such as construction equipment, farm equipment, oversized loads or aircraft?</p> <p>Percentage of towing that are from highways/freeways? ____%</p> <p>What percentage of towing is private property impounding? ____%</p> <p>(Total must equal 100%)</p> <p>1. What percentage of the insured's operations involves towing of trucks that are one ton or greater; i.e. <i>buses, RV's or trailers</i>? ____%</p> <p>2. What percentage involves the towing of vehicles that are less than one ton? ____%</p> <p>Percentage of work sub-contracted out: ____%</p> <p>Are certificates collected annually for sub-contractors?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Total number of vehicle recoveries in the last 12 months by Independent contractors: ____</p> <p>Please explain the type of work sub-contracted out:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;">[text here]</div>
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General Classification Evaluation:

- 1) Maximum Height exposure: ____ Ft. ☐ N/A
If applicable - Method of reaching height exposures: _____
- 2) Maximum Weight lifted: ____ lbs. ☐ N/A
If applicable: Manual Lifting ☐ Please list the typical types of items lifted: _____
Employee(s) lifts with assistance: ☐ Please explain: _____
- 3) Vehicle exposure:
Total # of Tow Trucks: ____ Number of employee drivers: ____
Do employees take the vehicle home overnight? Yes ☐ No ☐
Driving Radius in miles: ____ mi. GPS tracking system installed? Yes ☐ No ☐
MVR's Checked: Yes ☐ No ☐ Company Owned: Yes ☐ No ☐
PUC Filing: N/A ☐ Yes: _____ MCP Filing: N/A ☐ Yes: _____
- 4) Any Out of State, International, or Overnight Travel: Yes ☐ No ☐
If Yes - Please provide:
Number of employee's traveling: ____ Frequency of travel: _____
Method of transportation: _____ Location(s)/State(s): _____
- 5) CPR Training provided: No ☐ Yes ☐ If Yes - Number of Employees certified: _____

Claims Handling:

- 1) Is there a set procedure for reporting claims? Yes ☐ No ☐
- 2) Is there a formal written accident investigation report? Yes ☐ No ☐
- 3) Do you currently participate in an MPN program to control claim costs? Yes ☐ No ☐

Personnel Practices:

- 1) New-hire orientation program: Yes ☐ No ☐ Is the orientation documented? Yes ☐ No ☐
- 2) Owner is active in daily operations: Yes ☐ No ☐
- 3) Employee Handbook: Yes ☐ No ☐
- 4) Post-accident drug testing: Yes ☐ No ☐
- 5) Job specific training: Yes ☐ No ☐
- 6) Performance Appraisals: Yes ☐ No ☐
- 7) Wellness program in place: Yes ☐ No ☐
- 8) Are any of the following benefits provided?

Medical:	No <input type="checkbox"/> Yes: Employer contribution: _____%	Percentage of employees enrolled: _____%
Retirement:	No <input type="checkbox"/> Yes: Employer contribution: _____%	Percentage of employees enrolled: _____%
- 9) Any other information in regard to employee benefits? If so, please provide those details: _____

Employer-Employee Relationship:

- 1) Employee Turnover Rate (Annually): _____% Average Tenure of Employees (in # of years): _____
- 2) Number of employees hired:

Full Time (annual): _____	Payroll Estimate: \$ _____	
Part Time/Seasonal: _____	Payroll Estimate: \$ _____	
No. of seasonal Employees: _____	Seasonal Employee Period (From Month: _____ to Month: _____)	

Safety Program/Practices which are implemented and enforced:

- 1) Fall Protection Plan: Yes ☐ No ☐ N/A ☐
- 2) Heat and illness prevention program: Yes ☐ No ☐ N/A ☐
- 3) Respiratory program: Yes ☐ No ☐ N/A ☐
- 4) Driver safety training plan: Yes ☐ No ☐ N/A ☐
- 5) Forklift training & safety plan: Yes ☐ No ☐ N/A ☐

If Yes – Annual Certification required: Yes ☐ No ☐ N/A ☐
- 6) MSDS available for all chemicals/products used: Yes ☐ No ☐ N/A ☐
- 7) Written Lockout/Tag out/Block out Procedures: Yes ☐ No ☐ N/A ☐
- 8) Hazardous chemicals safety plan: Yes ☐ No ☐ N/A ☐
- 9) Confined spaces plan: Yes ☐ No ☐ N/A ☐
- 10) Active safety incentive program for all employees: Yes ☐ No ☐ N/A ☐
- 11) Are supervisors held accountable for a safe work environment? Yes ☐ No ☐ N/A ☐
- 12) Is there a dedicated full time safety manager? Yes ☐ No ☐ N/A ☐

If Yes – Please provide:
 Name: _____ Title: _____
- 13) Safety meetings are conducted: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Does not conduct Safety Meetings
 Are safety meetings documented? Yes ☐ No ☐
- 14) Personal Protective equipment provided to all employees: No ☐ Yes, please list types: _____
- 15) Employee to Supervisor ratio: _____ / _____
- 16) What loss prevention recommendations have the insured implemented? ☐ Loss control service has not been performed.

Year implemented: _____
 [Text here]

Machinery and Equipment:

- 1) Please list the types of machinery/equipment used: _____ N/A ☐
- 2) Are all equipment operators certified? Yes ☐ No ☐
- 3) Is all machinery/equipment properly guarded: Yes ☐ No ☐
- 4) Age of equipment in years: ☐ 0-5 ☐ 5-10 ☐ 10-20 ☐ 20+
- 5) Condition of the equipment: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- 6) Who is responsible for maintaining machinery? ☐ Insured ☐ Contractor ☐ Other: _____

Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?

[Text here]