

Tow Truck Supplemental

Insured: _____ Effective Date: _____

Detailed description of operations:

Total number of trucks owned: _____

Radius of operations: 0-50 mi _____ % 51-100 mi _____ % 101-250 mi _____ % >250 mi _____ %

Weight of vehicles towed: Light _____ % Medium _____ % Heavy _____ % Extra Heavy _____ %

Is there any repair work away from the premises? Yes No

If yes: Describe: _____

Tow or roadside assistance / mobile service? Yes No

If yes: Percentage of total operation: _____ %

Percentage of towing from highways / freeways? _____ %

Operations between 11p.m. and 6a.m.? Yes No

24-hr towing operation? Yes No Night Shift On Call

of drivers are available? _____ How many trucks are used? _____ Percentage of total payroll? _____ %

Any driving in excess of 11 hrs per shift? Yes No

Any driving in excess of 60 hours within a 7- consecutive day period? Yes No

Does the insured sponsor any racing teams or events? Yes No

Contract towing with motor clubs? (i.e. AAA, OnStar, National) Yes No

Contract towing with public entities? (i.e. police or municipalities?) Yes No

Driver training / re-training / certification programs (i.e. TRAA, Wreckmaster)? Yes No

Defensive Driver Program? Yes No

New drivers accompanied by veteran drivers? Yes No If yes, for how long? _____

Drivers wear reflective clothing? Yes No

Personal protective equipment (i.e. gloves, hard hats, goggles, and safety shoes) worn during towing / recovery operations and loading / unloading of transporter vehicles? Yes No

Applicant's Signature

Date