



# Towing - Industry Supplemental Questionnaire

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

## General Classification Evaluation:

- Maximum Height exposure: \_\_\_\_ Ft. N/A  
**If applicable** - Method of reaching height exposures: \_\_\_\_\_
- 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: \_\_\_\_\_
- 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: \_\_\_\_\_
- Any Out of State, International, or Overnight Travel? Yes No  
**If Yes** - Please provide:  
Number of employees 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 Yes: Employer contribution: \_\_\_\_% Percentage of employees enrolled: \_\_\_\_%
  - Retirement: No 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) Do you maintain a written Workplace Violence Prevention Plan? Yes No N/A
- 4) Respiratory program: Yes No N/A
- 5) Driver safety training plan: Yes No N/A
- 6) Forklift training & safety plan: Yes No N/A
  - If Yes – Annual Certification required:** Yes No N/A
- 7) MSDS available for all chemicals/products used: Yes No N/A
- 8) Written Lockout/Tag out/Block out procedures: Yes No N/A
- 9) Hazardous chemicals safety plan: Yes No N/A
- 10) Confined spaces plan: Yes No N/A
- 11) Active safety incentive program for all employees: Yes No N/A
- 12) Are supervisors held accountable for a safe work environment? Yes No N/A
- 13) Is there a dedicated full time safety manager? Yes No N/A

**If Yes – Please provide:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

- 14) Safety meetings are conducted: Daily Weekly Monthly Quarterly Does not conduct safety meetings  
Are safety meetings documented? Yes No

- 15) Personal Protective equipment provided to all employees: No Yes, please list types:

- 16) Employee to Supervisor ratio: \_\_\_\_ / \_\_\_\_

- 17) What loss prevention recommendations has the insured implemented? Loss control service has not been performed.

Year implemented: \_\_\_\_\_

**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?**