Reset Form Print Form

Towing - Industry Supplemental Questionnaire

Applicant Information:

Proposed Effective Date:	Legal Name:	Application ID:

Application completed by: Broker: ☐ Employer: ☐

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

Hours of operations: ____ am ____ pm ☐ 24 hours

Any driving in excess of 11 hours per shift? Yes ☐ No ☐
Any driving in excess of 60 hours within 7-consecutive days? Yes ☐ No ☐

Total number of vehicle recoveries in the last 12 months by employees: ____

Any contract towing? Yes ☐ No ☐
If yes – Please explain and provide the list of contracts:

Contracts require a specific response time? Yes ☐ No ☐
If yes, please provide response time: _____

Does the insured perform any of the following?

Yes ☐ No ☐ Vehicle repossession
Yes ☐ No ☐ Recovery of vehicles transporting hazardous materials
Yes ☐ No ☐ Repelling on hillsides/cliffs/canyons to retrieve vehicles
Yes ☐ No ☐ Underwater recovery
Yes ☐ No ☐ Low-bed/heavy hauling/transportation of large items such as construction equipment, farm equipment, oversized loads or aircraft?

Percentage of towing that are from highways/freeways? ____%
What percentage of towing is private property impounding? ____%

(Total must equal 100%)
1. What percentage of the insured's operations involves towing of trucks that are one ton or greater; i.e. *buses, RV's or trailers*? ____%

2. What percentage involves the towing of vehicles that are less than one ton? ____%

Formal vehicle maintenance program in place? Yes ☐ No ☐
If yes, who performs the maintenance?
☐ Employees ☐ Other: _____ or ☐ Both

Please describe the types of repairs maintained by employees:

Percentage of work sub-contracted out: ____%
Are certificates collected annually for sub-contractors?
Yes ☐ No ☐

Total number of vehicle recoveries in the last 12 months by Independent contractors: ____

Please explain the type of work sub-contracted out:

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 ☐ 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) 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: ____

Please explain...

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?