

Tow Truck Questionnaire

Named Insured:	Proposed Effective Date:
Please provide a detailed description of the operation:	
Total number of tow trucks owned? _____	
Radius of operations? 0 – 50 miles? _____ % 51 – 100 miles? _____ % 101 – 250 miles? _____ % > 250 miles? _____ %	
Weight of vehicles towed? Light _____ % Medium _____ % Heavy _____ % Extra-Heavy _____ %	
Any repair work away from premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Describe:	
Formal vehicle maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Who performs the maintenance? <input type="checkbox"/> Employees <input type="checkbox"/> Other (describe):	
Tow or roadside assistance/mobile service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Percentage of total operation? _____ % Percentage of towing from highway/freeways? _____ %	
What percentage of towing is private property impounds? _____ %	
Operations between 11 p.m. and 6 a.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Night Shift <input type="checkbox"/> On Call How many drivers are available? _____ How many trucks are used? _____ What percentage of total payroll? _____ %	
Any driving in excess of 11 hours per shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any driving in excess of 60 hours within a 7-consecutive day period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sponsorship of racing teams or events? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contract with motor clubs (e.g., AAA, National Auto Club)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contract with public entities (e.g., police or municipalities)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver training/re-training/certification programs (e.g., TRAA, Wreckmaster)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
New drivers accompanied by veteran drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic random drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tow trucks equipped with emergency flashing lights and adequate exterior lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When possible, operate/perform tow/recovery operations from non-active traffic side of the tow/recovery vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers wear reflective clothing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mandatory use of seat belts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers instructed on proper bending and lifting techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal protective equipment (e.g., gloves, hard hats, goggles, and safety shoes) worn during towing/recovery operations and loading/unloading of transporter vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood borne pathogen protection (e.g., rubber gloves and goggles) worn when dealing with blood? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Applicant's Signature	Date