

eXpert Partner Team					TOW	TRUCK SUPP	LEMENTAL
APPLICANT NAME			DOT NUMBER OR MC/MX NU	JMBER:			
PLEASE INDICATE ALL STATES OF	OPERATION:						
WEBSITE:			HOURS OF OPERATIONS:			ON CALL 24 HOURS?	O YES O NO
PERCENTAGE OF TRANSPORT WI	THIN 200 MILES	5	%	PERCENTAGE OF TRANSPOR	T > 200 MILES		%
INDICATE TYPE OF OPERATIONS	CONDUCTED.						
TOWING ONLY	%	BODY SHOP/TOW	%	AUTO REPAIR/TOW	%	SALVAGE/TOW	%
SALES OF AUTOMOBILES	%	OTHER	%	DESCRIBE			
PERCENTAGE OF TOWING							
DEALERSHIPS		%	REPOSSESSION VOLUN	ITARY	%	EMERGENCY SCANNERS	%
EMERGENCY ROAD SERVICE %			REPOSSESSION INVOLUNTARY		%	GARAGES	%
IMPOUND		%	ILLEGAL PARKING		%	ABANDONED VEHICLE	%
MUNCIPAL CONTRACTS %			MOTOR CLUB CONTRACTS		%	TELEPHONE REQUESTS	%
POLICE ROTATION		%	RENTAL CAR CONTRACTS		%	OTHER DESCRIBE	%
TYPES OF VEHICLES TOWERS							
PRIVATE PASSENGERS/PICK-UPS		%	HEAVY TRUCK-TRACTO	DRS/TRAILERS	%	SPECIALIZED	%
MOTOR HOMES		%	WATERCRAFT		%	AIRCRAFT	%
OPERATIONAL:							
ARE PASSENGERS ALLOWED TO R	RIDE IN YOUR VE	EHICLE?					O YES O NO
DO EMPLOYEES USE ANY VEHICL	IAL USE?					O YES O NO	
DO YOU STORE ANY VEHICLES?						O YES O NO	
ANY GUARD DOGS ALLOWED TO	VORK HOURS?					YES NO	
HAVE ALL DRIVERS RECEIVED CE	ROM AN ACCREDITED SCH	IOOL, SUCH AS AAA OR CT	TA?			O YES O NO	
ANY PIT CREW OR RACE TRACK V						O YES O NO	
NEW DRIVERS ACCOMPANIED BY	/ERS?					O YES O NO	
DRIVERS WEAR REFLECTIVE CLO						O YES O NO	
MANDATORY USE OF SEAT BELTS	?						O YES O NO
BLOODBORNE PATHOGEN PROTI	WHEN DEALING WITH BLO	OOD?				O YES O NO	
DRIVERS TRAINED ON PROPER LI	VING TECHNIQUES?					O YES O NO	
ARE DRIVER SAFETY MEETINGS C						O YES O NO	
PPE (GLOVES, SAFETY SHOES, ETC	IG TOWING/RECOVERY/LO	DADING/UNLOADING?				O YES O NO	
DRIVERS:							
TOTAL NUMBER OF DRIVERS				MININUM AGE FOR NEW DRI	IVER		
MINIMUM YEARS OF EXPERIENCE	E FOR A NEW DE	RIVER					
ANY MAJOR VIOLATIONS IN THE	PAST 3 YEARS?						O YES O NO



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ANY DRIVER HAVE A SUSPENDED OR REVOKED L	ICENSE IN THE PAST 3 YEAR	ARS?				O YES O NO						
ANY DRIVER HAVE A COMBINATION OF 3 OR MORE MOVING VIOLATIONS IN THE PAST 3 YEARS?												
NUMBER OF OWNER OPERATORS USED			NUMBER OF OTHER TO	WING COMPANIES USED								
ARE CERTIFICATES OBTAINED FOR OWNER OPER	RATORS AND/OR OTHER T	OWING COMPANIES?				O YES O NO						
DO DRIVER SELECTION PROCEDURES INCLUDE THE FOLLOWING ? (PLEASE CHECK ALL THAT APPLY):												
WRITTEN APPLICATION	O YES O NO	WRITTEN TEST		O YES O NO	MVR CHECK	O YES O NO						
DRIVING TEST	O YES O NO	PHYSICAL		O YES O NO	DRUG TEST	O YES O NO						
TRUCKS AND EQUIPMENT:												
TOTAL NUMBER OF TRUCKS												
ВООМ	HOOK AND CHAIN		WHEEL LIFT		SEMI TRAILERS: (OPEN)							
INTEGRATED	FLATBED/ROLLBACK		OTHER		SEMI TRAILERS: (CLOSED))						
ARE VEHICLES AND EQUIPMENT MAINTAINED U	NDER A SCHEDULED PRO	GRAM?										
WHAT IS THE OVERALL CONDITION OF YOUR VE	HICLES AND EQUIPMENT	PEXCELLENT		GOOD	FAIR							
PLEASE LIST ANY ADDITIONAL SITE LOCATION ADDRESSES FOR OFFICES AND/OR TRUCKS:												
THE APPLICANT WARRANTS AND REPRESENTS TO THE INSURER THAT THE INFORMATION ENTERED IN THIS SUPPLEMENTAL APPLICATION IS TRUE AND CORRECT. THE APPLICANT ACKNOWLEDGES THAT THE INFORMATION PRESENTED HEREIN IS MATERIAL TO THE DECISION OF THE INSURANCE COMPANY TO ISSUE A POLICY, AND THAT THIS ISSUANCE OF A POLICY BY THE INSURER IS IN RELIANCE UPON THE SUFFICIENCY AND ACCURACY OF THE INFORMATION BY THE APPLICANT IN THIS SUPPLEMENTAL APPLICATION.												
AUTHORIZED REPRESENTATIVE:												
SIGNATURE:				DATE:								