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				TOW	TRUCK SUPP	LEMENTAL
APPLICANT NAME		DOT NUMBER OR MC/MX NUMBER:				
PLEASE INDICATE ALL STATES OF OPERATION:						_
WEBSITE:		HOURS OF OPERATIONS:			ON CALL 24 HOURS?	O YES O NO
PERCENTAGE OF TRANSPORT WITHIN 200 MILES	5	% PERCENTAGE OF TRANSPORT >		> 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 VOLUNTARY		%	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-TRACTORS/TRAILERS		%	SPECIALIZED	%
MOTOR HOMES %		WATERCRAFT		%	AIRCRAFT	%
OPERATIONAL:						
ARE PASSENGERS ALLOWED TO RIDE IN YOUR VEHICLE?						O YES O NO
DO EMPLOYEES USE ANY VEHICLES FOR PERSON					O YES O NO	
DO YOU STORE ANY VEHICLES?					O YES O NO	
ANY GUARD DOGS ALLOWED TO RUN DURING V					O YES O NO	
HAVE ALL DRIVERS RECEIVED CERTIFICATION FROM AN ACCREDITED SCHOOL, SUCH AS AAA OR CTTA?						O YES O NO
ANY PIT CREW OR RACE TRACK WORK?						O YES O NO
NEW DRIVERS ACCOMPANIED BY VETERAN DRIVERS?						O YES O NO
DRIVERS WEAR REFLECTIVE CLOTHING?					O YES O NO	
MANDATORY USE OF SEAT BELTS?					O YES O NO	
BLOODBORNE PATHOGEN PROTECTION WORN				O YES O NO		
DRIVERS TRAINED ON PROPER LIFTING AND MC				O YES O NO		
ARE DRIVER SAFETY MEETINGS CONDUCTED?						O YES O NO
PPE (GLOVES, SAFETY SHOES, ETC) WORN DURIN	DADING/UNLOADING?				O YES O NO	
DRIVERS:						
TOTAL NUMBER OF DRIVERS			MININUM AGE FOR NEW DRIV	VER		
MINIMUM YEARS OF EXPERIENCE FOR A NEW D	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 YEA	ARS?				O YES O NO		
ANY DRIVER HAVE A COMBINATION OF 3 OR MO				O YES O NO				
NUMBER OF OWNER OPERATORS USED			NUMBER OF OTHER TOWING COMPANIES USED					
ARE CERTIFICATES OBTAINED FOR OWNER OPERATORS AND/OR OTHER TOWING 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		
		1						
TRUCKS AND EQUIPMENT:								
TOTAL NUMBER OF TRUCKS								
воом	HOOK AND CHAIN		WHEELLIFT		SEMI TRAILERS: (OPEN)			
INTEGRATED	FLATBED/ROLLBACK		OTHER		SEMI TRAILERS: (CLOSED)			
ARE VEHICLES AND EQUIPMENT MAINTAINED UNDER A SCHEDULED PROGRAM?								
WHAT IS THE OVERALL CONDITION OF YOUR VE	C	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.

SIGNATURE: DATE:	
AUTHORIZED REPRESENTATIVE:	

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