



**Berkshire Hathaway Homestate Companies
Specialty Auto Department**

Tow Truck Supplemental Application

Applicant Name: _____

Address: _____

Phone Number: _____

General Questions:

1. Description of operations: _____

2. Years Experience: _____

3. Annual Gross Receipts last year: _____ Estimate of coming year: _____

4. Have you ever filed for bankruptcy? Yes No If yes, when: _____

Explain: _____

5. Prior Insurance Carrier, five previous years:

Year	Carrier	# of Vehicles	Premium	Losses Paid	Current Reserves	Involved in Litigation(Y/N)

6. Has your insurance ever lapsed, cancelled, or non-renewed? Yes No If yes, explain: _____

Operations:

1. Do you haul for hire? Yes No

2. Are you a common carrier? Yes No Contract hauler? Yes No

3. Who do you haul for? _____

4. Do you operate in more than one state? Yes No If yes, list states: _____

5. List the largest cities into or through which vehicles are operated?

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

6. Maximum radius of operations: _____

7. Do you require state and/or Federal filings? Yes No

State filings, list states: _____

ICC MC Docket # _____ Base registration state _____

Oversize / overweight filings

Other – describe: _____

8. If you are ICC regulated please attach a copy of **your Schedule B** for each of **the past three years**:

Attached Not Required

9. List all kinds and types of cargo hauled: _____

10. Do you haul any hazardous or extra hazardous substances or material as defined by the EPA: Yes
If yes, give complete listing, naming material(s) and/or chemical content: _____
11. Do you haul any flammable or explosive material? Yes No If yes, give complete listing: _____
12. Do you haul any liquid material? Yes No If yes, please describe: _____
13. Do you haul any heavy and/or oversized equipment? Yes No If yes, give details: _____
14. Do you haul your own cargo exclusively? Yes No If not, who owns it: _____
15. Do you pull double trailers? Yes No Triple trailers? Yes No
16. Do you pull refrigerated units? Yes No If yes, describe and give details of cargo hauled? _____
17. Do you hire any equipment? Yes No If yes, describe annual frequency: _____
Annual cost of hire: _____
18. Do you lease or rent your equipment to others? Yes No If yes, describe: _____
19. Have you ever been in violation of Federal DOT regulations or requirements: Yes No If yes, explain: _____
19. Have you ever lost or had your authority withdrawn? Yes No
20. Have you been or are you under probation by any regulatory authorities? (ICC, PUC, etc.) Yes
21. Are vehicle inspections performed regularly? Yes No By whom? _____
22. Are vehicles scheduled for regular maintenance? Yes No Who performs maintenance? _____
Are maintenance logs maintained for all vehicles? Yes No
23. Do you operate as a subsidiary of another company? Yes No If yes, provide name and describe: _____
24. Do you operate under any other name? Yes No If yes, please provide details: _____
25. Do any vehicles and/or agents not scheduled on this policy operate on your behalf? Yes No If yes, provide name(s) and details: _____
26. Do you own or operate any power units not scheduled on this insurance policy? Yes No If yes, explain: (please indicate number of vehicles, body type and usage) _____
27. Have you ever changed your operating name? Yes No
28. Are Vehicles stored at a single location? Yes No
If yes, total maximum value of all vehicles at any one time: _____

Driver Information:

1. Are all drivers your employees? Yes No If no, explain: _____
2. Are all drivers listed on the acord application for insurance? Yes No
3. Are all of your employees covered by Workers' Compensation? Yes No
4. Do you agree to promptly report all newly hired drivers? Yes No
5. Do you order MVR's on all drivers prior to hiring? Yes No
6. Minimum years driving experience required: _____
7. How are drivers paid: Hourly Trip Mileage Other: _____
8. Drivers maximum driving hours: Daily _____ Weekly _____

9. During the last 12 months, how many drivers were: Hired Fired Quit

10. Number of drivers employed by you: _____

Years Employed	Number of Employees
0-1 year	
1-3 years	
3-5 years	
5+ years	

11. Are drivers allowed to take vehicles home: Yes No

Towing /Garage Operations:

1. Number of units that are flatbed tow trucks i.e. rollbacks _____ OR on-hook wreckers _____
Can more than one vehicle be towed at one time? _____

2. Types of autos towed (Circle all that apply and give percentages below):
PPT's / Light trucks / Heavy trucks / Tractors / Motorhomes / Mobile Homes
Other _____

% of PPT/ Light/ Med trucks towed _____ VS % heavy trucks, tractors, motorhomes etc _____

3. Any recovery operations? Yes / No _____ Any repossession operations? Yes / No _____

4. Any roadside repair services provided? Yes / No (If yes - Explain) _____

5. Any repairs shop operations? Yes / No (If yes - Explain) _____

6. Operate an impound or storage lot? Yes / No _____
Standard / nonstandard open lot protection? _____
Lot Protection: fenced – chain link? Yes / No _____ Lighted? Yes / No _____
Average number of cars in lot? _____ Maximum number of cars in lot? _____
Average length of storage? _____

Any Salvage yard operations? Yes / No _____ Used Cars sales operations? Yes / No _____
Auto parts sales? Yes / No _____

8. Is the business on rotation with the public entity or 24 hour? Yes / No _____

Are they associated with AAA? Yes / No _____

Other customers: _____

9. Maximum Radius Operated? _____ Any interstate Towing? Yes / No _____

If yes – please explain in detail -where and how often. _____

10. Any other car hauling /other operations not contemplated above?

Signature of Producer

Signature of Insured