

Towing Questionnaire

Supplemental to
Fully Completed ACORD 130 Workers' Compensation Application

Applicant Name	Effective Date
FEIN	Website

Description of Operations

Operations	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Performs repossession or impounding of vehicles If yes, please indicate percentage: _____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has contracts to perform towing for motor clubs, such as AAA If yes, please indicate percentage: _____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Offers long-distance towing, heavy or extra heavy vehicle towing (tractor trailers, buses, RV's, Motorhomes), or other types of specialized towing services. If yes, please indicate percentage: _____% and describe: _____
From: To:	Hours of operations. Number of shifts: _____.
_____ %	Indicated the percentage of towing taking place in timeframes below: 6AM – 6PM
_____ %	6PM – 11PM
_____ %	11PM – 6AM
___ Miles Radius	Radius of the towing operations
Number _____ _____ _____ _____	Tow trucks, by type, that the insured operates: Hook and Chain Tow Trucks Flatbed or Rollback Tow Trucks Wheel Lift Tow Trucks Integrated or Heavy-Duty Tow Trucks
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sub or independent contractors / 1099 employees used. If yes, _____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers comp coverage verified for sub/independent contractors
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees leased out or temp staffing provide to outside clients
_____ %	If yes, percent of payroll for leased or temp staffing to others
<input type="checkbox"/> Yes <input type="checkbox"/> No	Group health provided to at least 50% of employees and it is 50% employer paid
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vacation and sick time provided to all employees
_____ %	Percent of Union employees
_____ %	Turn-over percentage during last 12 months

\$ _____	Average hourly wage for employees in governing class
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Management Practices, Operations, Loss Control, Claims Handling & Benefits	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is owner active in daily operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a FT risk/safety mgr. employed whose job is 50%+ safety related?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a post-accident drug testing program for all workplace injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal accident investigation and claims reporting process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Return to Work program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety incentive program in place
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee & management safety committee
<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship established with a preferred medical provider?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisors accountable for injuries & accidents?
_____ to _____	Employee to Supervisor Ratio

Hiring Practices	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal Background Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Experience / Reference Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Interview Conducted
<input type="checkbox"/> Yes <input type="checkbox"/> No	MVRs checked at hire and annually thereafter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Drug Testing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Physical Fitness Test
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personnel files documented for pre-existing injuries
<input type="checkbox"/> Yes <input type="checkbox"/> No	New employee orientation, job specific and safety training conducted

Safety Practices	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Injury & Illness prevention program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers instructed in proper bending and lifting techniques
<input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers receive training for how to handle wrecked vehicles that may contain hazardous, flammable, or combustible substances
<input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers trained through a school or program that is certified by a state or national towing association
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tow truck drivers wear reflective clothing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tow trucks and equipment inspected and serviced on a regular basis
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety meetings and safety training
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees required to wear non-slip shoes
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Protective Gear provided and use required