

Business Name (Include DBA) _____
 Contact Person _____ Contact Phone _____ Years in Business _____
 Address _____
 Approximate Annual Payroll _____ Approximate Annual Receipts _____
 FEIN/SS ___ - _____
 Limit of Liability _____ On Hook/Cargo _____ UM/UIM _____
 Deductible _____ PIP _____

- 1) Is your Current Insurance Carrier offering renewal? **YES/NO**
- 2) What % of your business is **towing**? _____% What percent is **Roadside Assistance**? _____%
- 3) **Indicate below the various types of percentage & towing you perform:**
 - Private Property (illegal parking violator removal) **YES/NO** _____%
 - Motor Club **YES/NO** _____%
 - Involuntary Repossessions **YES/NO** Voluntary Repossessions **YES/NO** _____%
 - Municipality, Highway or Turnpike Rotation **YES/NO** _____%
 - Towing for banks or finance companies **YES/NO** _____%
 - Towing for your own garage/body shop **YES/NO** _____%
 - Heavy Duty **YES/NO** _____%
- 4) Types of vehicles towed:
 Private Passenger _____% Tractor/Trailer _____% Specialized/Other (description) _____%
- 5) How many **Tows** do you perform on average per month? _____
- 6) How much **Roadside Assistance**? _____
- 7) Do you perform any Roadside repairs? **YES/NO**
- 8) Do you have a **Salvage Yard**? **YES/NO**
- 9) Do you have a **Repair Shop**? **YES/NO**
- 10) Do you sell parts? **YES/NO**
- 11) Do you have scanners? **YES/NO**
- 12) Do you chase wrecks? **YES/NO**
- 13) Do drivers take vehicles home at night? **YES/NO** If yes please explain _____
- 14) Do your vehicles travel outside of a 200-mile radius on a regular basis? **YES/NO**
- 15) **Please indicate what % of your business is** 0-50 miles _____% 50-200 miles _____% over 200 miles _____%
- 16) Do you perform any tows or move hazardous materials on a primary haul basis? **YES/NO**
- 17) Do you lease vehicles from other individuals or companies? **YES/NO**
- 18) Do you lease vehicles to other individuals or companies? **YES/NO**
- 19) Do you lease any cranes or forklifts? **YES/NO**
- 20) Do you hire subcontractors at anytime? **YES/NO**
- 21) Who performs maintenance? _____
- 22) Do you have a disciplinary/termination policy? **YES/NO**
 If please describe _____
- 23) How many drivers did you **Fire** last year? ____ How many did you **Hire**? ____
- 24) How are drivers compensated? Hourly Wage/ Salary/Commission/1099
- 25) Do you have safety meetings? **YES/NO** If so, how often? **Monthly/Quarterly/Weekly**
- 26) Do you have a Storage Lot? **YES/NO** Square Feet _____
 - Camera **YES/NO** Alarm **YES/NO** 24 hour staff **YES/NO**
 - Dogs **YES/NO** How many? ____ Breed(s) _____ Trained? **YES/NO**
 Controlled during business hours? **YES/NO** if yes, explain _____
 - Security Guards **YES/NO** Completely Fenced **YES/NO** Completely lighted at night **YES/NO**

***If you have any further questions please feel free to contact us at
 1-(800) 50-HANKS that is 1-(800) 504-2657***