

TOW TRUCK OPERATOR QUESTIONNAIRE

This Questionnaire is supplemental to and part of the Colony Specialty Garage Application or the Colony Specialty Garage Renewal Application.

<u>ALL APPLICANTS (EXCEPT VIRGINIA)</u>: BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER *COLONY INSURANCE COMPANY*, AN AUTHORIZED SURPLUS LINES INSURER OR *ARGONAUT INSURANCE COMPANY* OR *ARGONAUT MIDWEST INSURANCE COMPANY*, A LICENSED INSURER.

<u>VIRGINIA APPLICANTS</u>: BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER.

Busi	ness Trade Name	
<u>Ope</u>	<u>rations</u>	
1.	Are two year hard copy loss runs attached? Is there a lapse in coverage in the last two years?	☐ Yes ☐ No ☐ Yes ☐ No
2.	What is your radius of operation? ☐ 0-100 miles ☐ 101-300 miles ☐ 301+ miles	
3.	Do you own and use transporter tags? If "Yes": # Use:	☐ Yes ☐ No
4.	Have you executed any contracts with hold harmless or waiver of subrogation agreements? If "Yes", to whom and why?	☐ Yes ☐ No
5.	What is your US DOT number? What date was it issued?	
6.	What filings are required?	☐ Yes ☐ No
7.	Do you ever hire owner/operators? If "Yes", are all owner/operators scheduled on this policy?	Yes No
8.	Do you subcontract your towing work? Do they operate under your filing?	☐ Yes ☐ No ☐ Yes ☐ No
9.	What percentage of your towing is? (Select all that apply and show percentages – must total 100% a. Private Passenger Type Vehicles b. Light/Medium/Heavy Trucks c. Ex-Heavy Trucks/Tractor-Trailer Rigs/Motorhomes d. Watercraft (add Symbol 32 to GKL) e. Other – describe:) % % %
10.	What percentage of your towing is done for? (Select all that apply and show percentages – must tota. For Hire Wrecker (24 hour towing, police rotation, etc.) b. Wrecker Repo (Any repossession operations at all) c. Wrecker with Garage Dealer (towing owned vehicles for your dealer operations) d. Wrecker with Service Operation (towing customer's autos to your shop for service/repair) e. Wrecker with Salvage Operation (used exclusively to tow junk cars for salvage ops)	tal 100%)%%%%
11.	Do you monitor police scanners to obtain business?	☐ Yes ☐ No
12	Describe your accident reporting procedures:	

GAR-SUP135-0117 Page 1 of 2

Gai	agekeepers Security				
13.	Describe lot security?				
	Other – Describe				
14.	Where are vehicle keys kept when the business is closed?	☐ Taken Home ☐ In/On the Vehicle			
Driver Requirements					
15.	Do you check MVR's on all drivers before hiring?	Yes No N/A (No Employees)			
16.	Do you check MVR's annually thereafter?	Yes No N/A (No Employees)			
17.	Do you and all your drivers have a CDL license? If "No", please explain:	Yes No			
18.	Do you hire drivers under age 21?	Yes No N/A (No Employees)			
19.	Do you and all your drivers have at least 2 years experience driving a Tow Truck?] Yes □ No			
20.	Tow Trucks - If this policy will not cover the schedule autos disregard this section Do you have a preventative maintenance program for vehicles? If yes, who performs the maintenance? Employees Other (describe):				
21.	_ , , _ ,] Yes 🗌 No			
22.	Are all Tow Trucks equipped with emergency flashing lights and adequate exterior lighting?]Yes □ No			
	FRAUD WARNING Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.				
_	DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).				
	I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.				
	SIGN AND DATE				
	APPLICANT'S PRINTED NAME				
	APPLICANT'S SIGNATURE	DATE			
	AGENT OR BROKER'S NAME	LICENSE NO.			
	AGENT OR BROKER'S SIGNATURE	DATE			

GAR-SUP135-0117 Page 2 of 2