

29. If storing cars, for whom and under what circumstances are autos stored by the Applicant?

30. a. Any change in operation, number of vehicles in the last 3 years? Yes No
 b. If yes, please explain _____

Insurance Co.	Year	Premium	Limits	Deductible	# of Losses	Amount
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$

Attach copy of insurance company loss runs.

31. a. Has Applicant ever been cancelled or non-renewed? (Do not answer if risk is located in MO) Yes No
 b. If yes, why? _____

Driver Information:

32. a. Does the Applicant require written application? Yes No
 b. Does the Applicant check references? Yes No
 c. Does the Applicant check driving records? Yes No
 d. List any Towing Schools attended _____

33. How are Drivers paid? Hourly Weekly Commission Salary

34. a. Does the Applicant have a safe driving incentive program? Yes No
 b. If yes, explain: _____

35. a. Are the Drivers the Applicant's employees? Yes No
 b. If no, name of contractor _____

36. Does the Applicant use owner operators? Yes No

This Section must be completed if Applicant hauls anything other than vehicles. Include all incidental hauls:

37. Has the Applicant hauled anything other than vehicles within the past 3 years, (including incidental hauls)? Yes No
 If so, please complete the SECTION below.

Items(s) Hauled	Value	Radius	Vehicle Used	How Often

38. Which Drivers handle these operations? _____

39. a. Does the Applicant use air bags in its towing and recovery operations? Yes No
 b. If yes, how many bags? _____

If coverage for equipment is desired, please attach list of equipment with I.D.#s and values.

40. Does the Applicant always use safety chains? Yes No

41. a. Does the Applicant, at any time, perform snow plowing? Yes No
 b. If yes, who does the Applicant plow for? _____