

Tow Truck Operator Supplement



Name of Applicant/Insured:	Policy Number:	Effective Date:
Broker Name & Number:		In Business Since:

VEHICLE DETAILS				
Vehicle #	Vehicle Details (make, model year, serial #)	Body Type (ramp, flat deck, heavy wrecker, bed, standard)	Description & value of attached equipment/machinery	# of vehicles that can be towed/carried

OPERATIONS			
Operations	Vehicle Details	Contract in place?	Contract with:
Towing public/on-call		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Towing for auto clubs or non-owned garage		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Towing for own garage		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Towing for wrecker/ salvage yard		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Heavy wrecker services		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Towing for vehicle repossessions		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are any towing services provided where revenue is dependent upon first come first serve basis?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", provide details:			
Does the Insured use any police scanners?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", what is the value of the scanner: _____			
Does the Insured own/operate a storage compound/impound lot?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please indicate the number of vehicles stored: _____			
Does the Insured sell the vehicles not collected by customers?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", provide details:			
Does the Insured own/operate a wrecking/auto salvage yard?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please indicate the number of vehicle stored: _____			
Are any of the Insured's vehicles used for heavy recovery?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", what is the operating distance: _____			
Is there any ice road/winter road exposure?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", provide details of exposure:			

What types of vehicles does the Insured tow:				
Private Passenger:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Heavy Commercial:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Other (please provide details):				
		Light Commercial:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Machinery:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Applicant/Insured tow electric battery vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If "Yes", answer the following questions:				
PPV/Light Commercial Vehicles:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heavy Commercial Vehicles:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a safety assessment conducted prior to the electric vehicle being towed?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a formal written safety work procedures training program provided to all operators?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please provide a copy of the program.				
Is there a formal training program provided to all personnel on lithium-ion battery hazards, emergency response procedures, when to use Personal Protective Equipment-PPE, and proper use of fire suppression equipment ?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all personnel trained to recognize and respond to electric vehicles fires, leaks, or thermal runaway events?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", provide details:				

RADIUS (WITHIN CANADA)			
Operating Radius	Vehicle	Percentage	Furthest destination
Within 80km			
81km – 160km			
161km – 400km			
Over 401km			

RADIUS (WITHIN USA)			
Are any vehicles operating in the USA?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please provide details below:			
Operating Radius (within USA)	Vehicle Details	Days per month	Furthest destination
Within 80km			
81km – 160km			
161km – 400km			
Over 401km			
Are U.S. filings required?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please provide details:			

DRIVERS					
Driver Name	Date of Birth	License Number	Employed since	Years experience with a similar automobile	Vehicle
Does the Insured have hiring practices in place?				Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A (No employees) <input type="checkbox"/>
Are MVRs ordered on all drivers prior to hiring?				Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A (No employees) <input type="checkbox"/>
Is relevant experience confirmed for each driver?				Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A (No employees) <input type="checkbox"/>
Does the Insured hire leased operators (owner/operator)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

VEHICLE MAINTENANCE	
Does the Insured have a preventative maintenance program in place for all tow trucks? If "Yes", please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the Insured's tow trucks and attached equipment checked before and after each trip?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are written maintenance records kept? If "Yes", how long are maintenance records kept? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Insured receive a signed receipt for the vehicle and the property with the vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Application for Automobile Insurance Owner's Form. Consent and disclosure provided within the corresponding Application for Automobile Insurance Owner's Form extend to this Supplementary Form, and the applicant acknowledges that the Application for Automobile Insurance Owner's Form is based on the truth of the information provided herein.

Signature of Applicant/Insured:	Date:
Signature of Broker:	Date: