

Tow Truck Operators Supplement

This supplement must be completed in full.

Review it carefully and notify your Broker of any errors or any changes in the future.

Retain a copy of this document for your Records.

Name of Applicant / Insured:	Policy Number:
Broker Name & Number:	In Business since:

SECTION 1. GENERAL INFORMATION

Applicant's / Insured's Name & Postal Address

Full Legal Name:	Postal Address:
	Business Address: (if different from postal address):

Operating as / Doing business as name (if applicable):

What date was business established: (DD/MM/YYYY)

Have any of the owners of the business ever operated a towing business operation under any other name? Yes ☐ No ☐

If yes, complete table below.

Name of Business	Years in Business (YYYY to YYYY)	National Safety Code # (e.g. CVOR, Motor Carrier #)	US DOT #	MC #
	-			
	-			
	-			

SECTION 1.1 PERSONNEL

Personnel	Number	Are they covered under:
Drivers – Company Employees		Worker's Comp <input type="checkbox"/> Alternative first payer plan <input type="checkbox"/> No plan <input type="checkbox"/>
Drivers – Owner Operator / Contractors		Worker's Comp <input type="checkbox"/> Alternative first payer plan <input type="checkbox"/> No plan <input type="checkbox"/>
Drivers – Incorporated Subcontractors		Worker's Comp <input type="checkbox"/> Alternative first payer plan <input type="checkbox"/> No plan <input type="checkbox"/>
Office Employees		Worker's Comp <input type="checkbox"/> Alternative first payer plan <input type="checkbox"/> No plan <input type="checkbox"/>
Mechanics		Worker's Comp <input type="checkbox"/> Alternative first payer plan <input type="checkbox"/> No plan <input type="checkbox"/>
Other:		Worker's Comp <input type="checkbox"/> Alternative first payer plan <input type="checkbox"/> No plan <input type="checkbox"/>
Other:		Worker's Comp <input type="checkbox"/> Alternative first payer plan <input type="checkbox"/> No plan <input type="checkbox"/>

SECTION 1.2 PREMISES

Details of each location owned by or occupied by you:

Civic Address (address, city, province, postal code)	Description of Location (office, garage, vehicle storage etc.)	Owned / Leased	Security Measures (e.g., secured & locked, lights, security guard, cameras, guard dog etc.)

SECTION 2. OPERATIONS

Full description of operations:

Revenue split by operation:

Operations	Projected – Annual Gross Revenue (Canadian)
Towing for General Public / On-Call	
Towing for Own Garage	
Contract with _____	

Contract with _____	
Contract with _____	
Other _____	
Other _____	
Other _____	
Total	

Are any towing services provided where revenue is dependent upon first come first service basis? Yes ☐ No ☐

Operating Authorities:

Provincial Tow Operator Certificate #: _____

Provincial Vehicle Storage Operator Certificate #: _____

Municipal Towing License # _____

National Safety Code / CVOR # _____

MC# _____ US DOT # _____ Base State _____

Other _____

1. Are first responder radio communications monitored? Yes ☐ No ☐

2. Does the Applicant / Insured operate:

(i) Wrecking / auto salvage yard? Yes ☐ No ☐

If yes, state number of vehicles stored: _____

(ii) Storage compound? Yes ☐ No ☐

If yes, state number of vehicles stored: _____

3. Please indicate the type of vehicles towed / cargo carried, below:

Type of Vehicles	% of Total	Avg Value (\$)	Max Value (\$)
Private passenger vehicles	%		
Light commercial vehicles	%		
Heavy commercial vehicles	%		
Machinery	%		
Scrap cars/metal	%		
Other _____	%		
Other _____	%		
Other _____	%		
Other _____	%		

4. Does the Applicant / Insured tow vehicles powered with electric batteries? Yes ☐ No ☐

If yes, answer the following questions:

• Light Vehicles: Yes ☐ No ☐

• Is there a formal written safe work procedures training program provided to all operators handling electric vehicles on the correct procedures and safety protocols on the loading, moving and transporting of electric vehicles? Yes ☐ No ☐

• Is there a safety assessment conducted prior to the vehicle being towed? Yes ☐ No ☐

• 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 ☐ No ☐

• Are all personnel trained in recognizing and responding to electric vehicle fires, leaks or thermal runaway events? Yes ☐ No ☐

If yes, describe _____

Heavy Vehicles: Yes ☐ No ☐

• Is there a formal emergency response plan for electric vehicle battery-related incidents? Yes ☐ No ☐

• Do tow truck operators have appropriate fire suppression equipment, such as fire blankets readily available? Yes ☐ No ☐

• Do all operators have certification in the handling of electric vehicles? Yes ☐ No ☐

If yes, describe _____

Does the Applicant / Insured temporarily store or provide long term storage of electric battery vehicles at their premises? Yes ☐ No ☐

If yes, answer the following questions:

• Maximum number stored at any one time? _____

• Is there a formal written safe work procedures training program in place when storing electric vehicles? Yes ☐ No ☐

SECTION 3. DRIVERS						
Please complete below or attach separate driver listing with this information.						
Veh No. Operated	Driver Name	Date of Birth (DD/MM/YYYY)	Driver's License Number	Province Licensed	Date of Hire (DD/MM/YYYY)	No. of Years Experience with Similar Vehicle
Applications used?						Yes <input type="checkbox"/> No <input type="checkbox"/>
Tests given prior to hiring?						Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify below.						
Driver logbook used?						Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver abstracts obtained?						Yes <input type="checkbox"/> No <input type="checkbox"/>
Regulated maximum work hours?						Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify						
Relief drivers for long distances?						Yes <input type="checkbox"/> No <input type="checkbox"/>
Any written rules?						Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, attach copy.						
References / Background checks?						Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, check all that applies: <input type="checkbox"/> Employment verification, <input type="checkbox"/> Criminal record check, <input type="checkbox"/> Judicial record check, <input type="checkbox"/> Credit Check, <input type="checkbox"/> Education /Training / Certification verification.						
Additional Comments:						
1. If required by legislation, do all drivers have a valid provincial tow license?						Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Identify all training provided to drivers: <input type="checkbox"/> Loading of vehicles / cargo, <input type="checkbox"/> Vehicle / cargo securement, <input type="checkbox"/> Basic vehicle maintenance, <input type="checkbox"/> Roadside safety, <input type="checkbox"/> Environmental spills, <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____						
3. What driver management programs do you have in place? <input type="checkbox"/> Fatigue management, <input type="checkbox"/> Drug & alcohol testing, <input type="checkbox"/> Other: _____						
4. Are driver abstracts ordered and reviewed for all drivers prior to hire?						Yes <input type="checkbox"/> No <input type="checkbox"/>
5. How often are driver abstracts ordered and reviewed after date of hire? <input type="checkbox"/> Semi-annually, <input type="checkbox"/> Annually, <input type="checkbox"/> Other: _____						
6. Are there established driver acceptability standards?						Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes,						
• Minimum age: _____						
• Minimum years similar driving experience: _____						
• Number of minor convictions allowed _____ in 3 years.						
• Number of major convictions allowed _____ in 3 years.						
• Number of accidents allowed _____ in 3 years.						
• Other: _____						
• Other: _____						
7. Is there a disciplinary process in place?						Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 4. VEHICLES					
Please complete below or attached separate vehicle listing with this information.					
Vehicle Details (Year, Make, Model, Serial Number)	Body Style (Ramp/Flat Bed/Standard)	Fuel Type	Description of Attached Equipment / Machinery	Value (LPN) of Attached Equipment / Machinery	No. of Vehicles that can be Towed / Carried
1. Are all vehicles owned by, and registered to, you?					Yes <input type="checkbox"/> No <input type="checkbox"/>
2. How many vehicles are IRP plated? Power units _____ Trailers _____					
3. Do you loan, rent or lease vehicles to third parties or to drivers?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details					
4. Is there a documented preventative maintenance program in place on all vehicles?					Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Is vehicle maintenance and repair done by licensed mechanics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are all vehicles & hoisting equipment inspected before and after each trip?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Is there a checklist for trip inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Is there written defect reporting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Are written maintenance records kept for all vehicles and repairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Does the Applicant / Insured receive a receipt signed for the vehicle and the property within the vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 5. RADIUS OF OPERATIONS									
Annual kilometers travelled:		IRP plated vehicles _____ Km			Non IRP plated vehicles _____ Km			Total _____ Km	
Enter percentage of annual mileage operating within the following radius categories:									
Kilometers	0-40	41-80	81-160	161-400	401-750	751-1600	1601-2400	>2400	Total
Canada	%	%	%	%	%	%	%	%	100%
United States	%	%	%	%	%	%	%	%	100%
Furthest Canadian Destination					Furthest U.S.A. Destination				
Remarks:									

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Application for a Standard Automobile Policy. Consent and disclosure provided within the corresponding Application for Automobile Insurance Owner's Form extends 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:

Attachments:

- ☐ CVOR Level II / Carrier Profile Report / Motor Carrier Safety Report
- ☐ IFTA / Fuel Tax Report (12 prior months)
- ☐ Vehicle List (including year, make, serial number, body style (e.g., ramp/flat bed/standard), description of attached equipment, value (LPN) of attached equipment/machinery, no. of autos that can be towed/carried, fuel type i.e., gas, diesel, electric, hydrogen etc.)
- ☐ Driver List (including name, date of birth, license number, license province, training, years SIMILAR experience, date of hire)
- ☐ Driver Abstracts (MVRs)

License Province	Abstracts Required
ON, NL, PEI	Driver Abstracts (MVR) <u>and</u> Commercial Driver Abstracts / CVOR Driver Abstracts – CVDR
NS, NB	Driver Abstracts (MVR)
QC	SAAQ Driving Records
AB	Commercial Driver Abstracts Alberta drivers can send their documents directly to Intact at ababstract@intact.net

- ☐ Claims Letter of Experience (past 6 years) – automobile + CGL and cargo if coverage is requested
- ☐ Articles of Incorporation