SPECIAL RISK
INSURANCE MANAGERS

Send applications to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

TOW TRUCK OPERATOR LIABILITY APPLICATION

1. Name of applicant: _____ Mailing Address: _____

2. Number of years in business? _____ Number of years related experience? _____ Website: _____

3. Gross revenues anticipated for upcoming year: $_____

   List the percentage of your business revenues obtained from the activities below:

Auto Sales	_____ %	Roadside Assistance	_____ %	Trucking	_____ %
Auto Repair	_____ %	Auto Transport	_____ %	Towing (contract)	_____ %
Auto Body Work	_____ %	Selling Used Auto Parts	_____ %	Towing (general public)	_____ %
Repossession	_____ %	Crushing/Recycle Ops	_____ %		

   Please describe any and all operations involving use of/application of heat or heat processes including any use of grinders:

   _____

   Any other operations? Please describe: _____

4. What percent of your business is in the following radius?

   0 – 100 km: _____% 101 – 250 km: _____% 251-1000 km: _____%

5. Do you have documented driver hiring and training procedures? ☐ Yes ☐ No Provide copies or describe program:

   _____

6. Do you have documented vehicle inspection and maintenance procedures? ☐ Yes ☐ No Provide copies or describe program:

   _____

7. Do you own or operate a storage lot? ☐ Yes ☐ No What is the size of the lot? _____

   What is the max number of vehicles stored at the lot at any one time?: _____

   Is the lot fenced? ☐ Yes ☐ No Describe security (fencing, cameras, dogs, lighting, etc.):

   _____

   Is snow removal performed in accordance with bylaws and as weather required at storage lot? _____

8. Do you have a garage automobile liability policy in place? _____

9. Any specialized towing/recovery work including towing something other than vehicles? ☐ Yes ☐ No If so, please explain:

   _____

10. Do you tow, transport, or haul any property or cargo other than land motor vehicles, trailers or semi-trailers? ☐ Yes ☐ No

    If yes, please describe: _____

11. Do you do any repossession work? ☐ Yes ☐ No If yes, how many (per year)? _____

12. Do you transport vehicles containing hazardous, flammable, or combustible material/waste? ☐ Yes ☐ No

13. Do you have any combination of vehicles or trailers that are capable of hauling more than 3 autos at any one time? ☐ Yes ☐ No

    If yes, please explain: _____

14. List the number of each type of towing equipment you own:

    Standard Tow Truck: _____ Heavy Wreckers: _____ Flatbeds: _____ Specialized / Other: _____

    Please describe specialized equipment and other: _____

15. Do you ever haul oversized loads? _____ Do you utilize pilot trucks/vehicles in these instances? _____

16. Do you operate in the USA? ☐ Yes ☐ No Percentage of operations involving USA exposure? _____

    Please describe these operations: _____

17. Any trucking (hauling for others) not related to towing? ☐ Yes ☐ No If yes, please describe:

    _____

18. Do you require US filings? ☐ Yes ☐ No If yes, please describe:

    _____

19. Do your tow truck drivers have any towing certifications? ☐ Yes ☐ No If yes, which drivers have what certifications?:

    _____

    Limit of Liability Required: $_____ Other extensions of coverage needed: _____

20. Loss History:

    Loss information, last 5 years. Please complete, whether the loss was insured or not.

Date of Loss	Deductible	Amt Paid	Amt Pending	Describe Losses

MC NUMBER: _____ **DOT NUMBER:** _____

This questionnaire shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as part of the commencement date of said insurance and in accordance with all terms thereof and the said applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

Dated: _____ Applicants Signature: _____