

NAVIGATORS INSURANCE SERVICES, INC.
 1375 E Woodfield Road, Suite 720, Schaumburg, IL 60173
 TEL: (847-230-1930) FAX: (847-230-1939)
TOWING RISK SUPPLEMENTAL QUESTIONNAIRE

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

1. Indicate the percentage of operations based on revenues {must total 100%}:

- | | | |
|----|----------------------------|-------------------------------|
| a. | Towing | _____% |
| b. | Vehicle Recovery | _____% |
| c. | Vehicle Repair/Maintenance | _____% |
| d. | Vehicle Storage/Impounding | _____% |
| e. | Used Vehicle Sales | _____% (indicate #/year_____) |
| f. | Auto Recycling/Dismantling | _____% |
| g. | Gasoline Station | _____% |
| | TOTAL | <u>100%</u> |

2. Is your organization involved in any of the following operations? If yes, describe:

- | | | | |
|----|--|-----|----|
| a. | Hauling other than vehicles | Yes | No |
| b. | Borrowing, leasing or rental of vehicles to others | Yes | No |
| c. | Tire re-treading / re-capping | Yes | No |
| d. | Auto repossessions | Yes | No |
| e. | Selling of vehicles with mechanic liens | Yes | No |
| f. | Use of guard dogs | Yes | No |
| g. | Use of security guards | Yes | No |
| | If yes, are they armed? | Yes | No |

3. How are tows obtained? {Indicate percentage – must total 100%.}

- | | | |
|----|-----------------|-------------|
| a. | Police Tows | _____% |
| b. | Motor Clubs | _____% |
| c. | Body Shops | _____% |
| d. | Auto Dealers | _____% |
| e. | Private | _____% |
| f. | Other (explain) | _____% |
| | TOTAL | <u>100%</u> |

4. Provide the following driver information:

- | | | | |
|----|---|---------|----|
| a. | Are Independent Operators used? | Yes | No |
| | # of Independent Operators: _____ | | |
| | Who provides vehicles?: Independent Operator (or) | Insured | |
| b. | # of Employee Drivers: _____ | | |
| c. | Average years of driving experience: _____ | | |
| d. | Are drivers required to have a CDL: | Yes | No |
| | # with CDL:_____ # with Class B:_____ | | |
| e. | Annual driver turnover (%): _____ | | |
| | # of drivers with less than 1 year: _____ | | |
| | # of drivers with more than 1 year: _____ | | |
| f. | Average driver tenure with your organization: _____ | | |
| g. | Can mechanics perform tows? | Yes | No |

5. Describe any special equipment (cranes, bobcat, plows, backhoes, etc.):

6. Provide the following safety information:

- | | | | |
|----|--|-----|----|
| a. | Is there a Driver Safety Policy in place? | Yes | No |
| | If yes, does it require employee sign-off? | Yes | No |
| b. | Are vehicles equipped with revolving flashing warning lights and approved fire extinguishers? | Yes | No |
| c. | Do drivers set up warning signs and barricades? | Yes | No |
| | Do drivers request police assistance when needed? | Yes | No |
| d. | Are safety chains, straps and tow lights used on all tows? | Yes | No |
| e. | Are employees required to keep winches connected to towed vehicles during loading and unloading on flatbeds? | Yes | No |
| f. | Is carrying of unauthorized passengers prohibited? | Yes | No |
| g. | Is SafetyFirst or another consumer comment program in use? | Yes | No |
| h. | Is there a safe driver recognition or incentive/awards program in place? | Yes | No |
| i. | Is there a scheduled vehicle maintenance program in place? | Yes | No |
| | Are there pre and post-trip inspections completed? | Yes | No |

I Have Read And Understood All Of The Questions Asked and Have Provided All Information Required.

Signature of Applicant* _____ Date _____

Name and Title* _____

*Must be owner, executive officer, or partner