WESTERN NATIONAL INSURANCE GROUP

Western National Mutual Insurance Pioneer Specialty Insurance Western National Assurance Umialik Insurance Company

Towing Supplement

1.	Name of applicant:						
2.	How many years in business?						
3.	Do you perform any type of specialized towing/recovery work? Yes No If so, what type?						
4.	Do you engage in accident chasing?						
5.	Do you operate on a "call list" or "rotation" which require time constraints? Yes No						
6.	Do you own a storage lot?						
7.	Have you ever had a vandalism or theft claim?						
8.	Do you sell any towed/stored vehicles?						
9.	Do you have a dealer's license?						
0.	Do you do any repossession work?						
1.	What type of tow trucks do you have i.e. wreckers, flatbeds, tilt-bed carrier?						
2.	Are the tow trucks equipped with any specialized equipment, etc.? Please explain.						
3.	How many autos can be towed/transported by each tow truck?						
4.	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.						
5.	Do you transport vehicles containing hazardous, flammable, or combustible material/waste?						
6.	Do you allow passengers to ride in your vehicles? Yes No What percent beyond customers?						
7.	Do you have documented driver hiring and training procedures? Yes No Provide copies or describe program:						
8.	How often are MVRs obtained/reviewed? Pre-employment Annually Semi-annually						
	Other (describe)						
9.	Do you have documented vehicle inspection and maintenance procedures? Yes No Provide copies or describe program:						
20.	What percent of your business is in the following radius?						
	0 – 50 miles% 5	1 – 100% 1	01 – 300	%	Over 300	%	
1.	List percentage of your business revenues obtained from the activities below:						
	Percentage of		rcentage of			ntage of	
	Your Business		ır Business			usiness	
	Auto Sales%	Roadside Repair	%	Trucking		%	
	Auto Repair%	Vehicle Drive Away	%	Towing (c	,	%	
	Auto Body Work% Repossession%	Selling Used Auto Parts or Recapped Tires	%	Other (Exp		% %	
		Recovery	%	Other (Exp	main below)	/	
	Vehicle Booting%						

22.	List entities you have towing agreements/contracts with (i.e. dealerships, commercial, police, motor clubs, etc).
23.	Do you require the use of safety chains, wheel-lift straps and auxiliary lights?
24.	Do you require a Federal or State filing?
25.	Do you require an MCS-90 endorsement to be issued on your company's behalf?
26.	Do you cross state lines?
27.	List the number of each type of tow equipment you own:
	Boom Integrated Hook & Chain (Self loader) Wheel-Lift Rotator Flatbed Other Describe
28.	Any tow vehicles with GVW over 45,000?
MC N	UMBER: D.O.T. NUMBER:
THE FRAUI (Not a)	AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A DULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. pplicable in MN, OR, or WA) ESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS IIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.
INSUR	ON: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE BER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE TING STATE LAW.
INSUR	IINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN ANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, AND DENIAL OF INSURANCE BENEFITS.
Dated _.	Dated
	Agent's Signature Signature of Applicant (Must be signed by Named Insured)

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