

**Section 1: Agent / Insured Information:**

1. Proposed Effective Date: \_\_\_\_\_  
 2. Applicant: \_\_\_\_\_  
 3. Website Address: \_\_\_\_\_  
 4. Are you a Preferred Provider for AAA? \_\_\_\_\_ 5. # of Years with AAA? \_\_\_\_\_

**Section 2: Operational Revenue: Please provide the percentage of the total revenue earned from each of the following operations: (BE SURE TO TOTAL 100%)**

1. What is the Total Revenue Amount? \_\_\_\_\_  
 2. What percentage of Revenue is from work for AAA? \_\_\_\_\_  
 3. What are Operating Hours? \_\_\_\_\_  
 4. Open How many Days per Week? \_\_\_\_\_

OPERATION	Percentage of Revenue Earned from this operation
Towing	%
Servicing of Battery, Tires Lockouts	%
Service Garage - Auto Repairs	%
Service Garage - Body Shop Repairs	%
Service Station Operation	%
Parts Sales - New	%
Tire Sales and Installation- New or Used	%
Used Car Sales	%
Voluntary Repossession	%
Involuntary Repossession	%
Salvage/Used Parts Sales	%
Trucking/Freight Hauling	%
Mobile Home Transporting/Toter	%
Towing of Boats	%
Sponsorship, Ownership, or Repair of any Race Cars, Racing Teams	%
Lending, Leasing or Renting of vehicles to others	%
Impounds	%
Equip Hauling	%
Other	%

**Financial History:** In the past three years has the company or its owners filed for bankruptcy, financial reorganization or had a tax lien placed against it? \_\_\_\_\_

**Section 3: Safety Management and Maintenance:**

1. Do you have a SMART DRIVE System?  Yes  No  
 2. Do you maintain the following in a Written or Electronic format at your company?  
 Safety Manual  Vehicle Take Home policy  Drug Testing Policy   
 Driver Training Manual  Disciplinary/Termination policy  Accident Review Policy   
 3. How often do you hold safety meetings?  Weekly  Monthly  Quarterly  
 4. Do you have a Fleet Maintenance program?  Yes  No  
 5. What is the service Frequency?  Daily  Weekly  Monthly  Other \_\_\_\_\_  
 6. Who performs the maintenance on your equipment?  
 Independent ASE Certified shop  ASE Certified employee  Outside Vendor   
 7. Do you have AUTO VEHICLE locators?  Yes  No  
 8. Do you utilize the International Institute of Towing and Recovery Towing Program?  Yes  No

**Section 4: Driver Management:**

1. Do you have a HIRERIGHT Contract?  Yes  No  
 2. **Pre-hire Screening:** Check the items you require as part of your pre-hire process:  
 Employment application  Motor Vehicle Record Report (MVR)  Check job references   
 Drug Test  Physical  Road Test   
 3. Do you do background checks?  Yes  No  
 4. Do you have an Employee Orientation Program?  Yes  No  
 If yes, is orientation:  Verbal Only  Verbal & Documented  
 5. Check each item you maintain on your drivers:  Yearly MVR  Yearly Physical  Random Drug Test  
 6. Do you maintain driver files on ALL drivers including copies of the MVR, tickets, accident reports and physicals?  Yes  No  
 7. Do ALL your drivers meet the federal, state and local license classification requirements?  Yes  No  
 8. How are drivers compensated?  Hourly Wage  Salary  Commission  1099  
 9. How many drivers quit or were fired last year? \_\_\_\_\_ How many did you hire last year? \_\_\_\_\_  
 10. Do you require your drivers to take outside training courses?  Yes  No  
 11. If yes, what driver training do you provide for your drivers? \_\_\_\_\_  
 12. Do you keep formal written accident reports?  Yes  No  
 13. Do you have set procedures for reporting claims?  Yes  No

**Section 5: Automobile :**

1. Radius Percentage: 0-50 \_\_\_\_\_ 51-200 \_\_\_\_\_ >200 \_\_\_\_\_

2. Describe use for each Tag: \_\_\_\_\_

3. Is Drive Other Car Coverage Needed?  
 If yes, provide the following: Name \_\_\_\_\_ Lic # & State \_\_\_\_\_ DOB \_\_\_\_\_

**• Towing:**

1. How many tows do you perform on average per month ? \_\_\_\_\_

2. How many employees are involved in this operation? \_\_\_\_\_

3. Are all tows private passenger?  
 If no, percentage of: Light Truck \_\_\_\_\_ Medium Trk \_\_\_\_\_ Heavy Trk \_\_\_\_\_ Ex Heavy \_\_\_\_\_

**• Auto Body Shop:**

1. Do you have a paint booth?  Yes  No

2. Do you have a UL approved paint booth?  Yes  No

3. Do you panit cars outside of the booth?  Yes  No

4. Do you perform welding as part of the repair?  Yes  No

5. Do you have a frame-straightening machine?  Yes  No

6. How many employees do you have involved in this operation? \_\_\_\_\_

**• Service Garage:**

1. Do you restrict the public from entering garage work area?  Yes  No

2. Do you provide a customer waiting area?  Yes  No

3. Do you retain written records of all repairs performed?  Yes  No

4. Are ALL service and repair mechanics professionally certified?  Yes  No

5. What types of repairs do you perform?  Minor Repairs  Major Repairs (Rebuild Engines, Transmissions)

6. What type of vehicles do you repair?  Private Passenger  Commercial Auto  Commercial Equipment

**• Regulatory Filings:** (To aid in the processing of a fiing please submit a copy of the prior filing we are replacing)

1. Check the box to signify filings needed:  DOT Federal filing  MCS-90 endorsement  State Filing

2. MC/DOT NUMBER \_\_\_\_\_ STATE DOCKET NUMBER \_\_\_\_\_

3. Are any additional filings required?  Yes  No

4. Do you ever perform secondary tows of hazardous materials?  Yes  No

5. Do you ever move hazardous materials on a primary haul basis?  Yes  No

6. Do you have a Broker or Freight Forwarder Authority?  Yes  No if yes, explain \_\_\_\_\_

7. Are there any Owner Operators used?  Yes  No

**Section 6: General Liability:**

1. Do you need Stop Gap Employer Liability Coverage?  Yes  No  
 (only available in ND, OH, WA, WY)

**Section 7: Workers Compention:**

1. Has applicant NOT had WC coverage for employees previously and is now requesting coverage?  Yes  No

2. Do employees use personal vehicles for company use?  Yes  No

3. How are employees paid?  Hourly  Commission  Piece Rate  Flat Salary  Other

4. % of union employees: \_\_\_\_\_ % non -union emp \_\_\_\_\_

5. Any day laborers or temporary/employee leasing?  Yes  No

6. Is Waiver of Subrogation needed?  Yes  No  
 If yes, provide details: Name \_\_\_\_\_ Address \_\_\_\_\_

**Section 8: Cargo/On Hook**

1. On Hook Limit: \_\_\_\_\_

2. On Hook Deductible: \_\_\_\_\_

See vehicle schedule for on hook coverage

Any Cargo Hauled other than vehicles?  Yes  No If yes, describe: \_\_\_\_\_

How Often Hauled? \_\_\_\_\_

Distance Hauled? \_\_\_\_\_