



## Sunz Towing Supplemental

Prospective Client Name: \_\_\_\_\_ FEIN#: \_\_\_\_\_

### Services Provided

Auto Clubs _____ %	Your business _____ %
Law Enforcement/City _____ %	Repossessions _____ %
Auto Dealers _____ %	Other _____ %
General Public _____ %	

Radius of Operations (In percentage): 0-50 \_\_\_\_\_ % 51 - 200 \_\_\_\_\_ % 201 – 500 \_\_\_\_\_ % 500+ \_\_\_\_\_ %

*\*Percentages should equal 100%*

### Fleet information – Please specify number of each type:

Flat Beds _____	Vehicle Hauler _____
Tow Trucks (Light/Med) _____	Other _____
Tow Trucks (Heavy) _____	-Please Specify: _____

### Hiring Practices – Check all that apply:

☐ Drug testing upon hire ☐ Random drug testing ☐ Background checks ☐ Road testing prior to hire  
☐ MVRs ran prior to hire ☐ MVRs ran annually ☐ Interview prior to hire

### Safety

1. What type of license is required for your tow truck drivers? \_\_\_\_\_
2. On average, how many years' experience do your drivers have? \_\_\_\_\_
3. How many vehicles are you able to tow at one time? \_\_\_\_\_
4. ☐ Yes ☐ No Are drivers trained through a school or program certified by a state or national association?
5. ☐ Yes ☐ No Do you have a regular maintenance program for all tow equipment?
6. ☐ Yes ☐ No Are daily inspections performed on tow equipment before it is used?
7. ☐ Yes ☐ No Are drivers or helpers required to wear rubber gloves when blood is present?
8. ☐ Yes ☐ No Do drivers use flares and other road safety devices at pick up or accident sites?
9. ☐ Yes ☐ No Are all tilt bed and tow trucks equipped with legal flashing lights?
10. ☐ Yes ☐ No Are damaged or destroyed vehicles towed?
11. ☐ Yes ☐ No Do you tow vehicles that haul any type of hazardous waste?

If yes, please explain: \_\_\_\_\_

### Owner Signature

It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits. Any person who knowingly, and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

By signing this document, you are authorizing SUNZ Insurance Company to request and be furnished Experience Modification Worksheet(s)/Risk Snapshot(s), from NCCI, relating to the entity named above.

Owner/Officer (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Officer (Print): \_\_\_\_\_ Title: \_\_\_\_\_