

IAT Specialty

**PO Box 3328
Omaha, NE 68103
1-888-389-0598**

____ Acceptance Indemnity Insurance Company
____ Acceptance Casualty Insurance Company
____ Occidental Fire & Casualty Insurance Company
____ Wilshire Insurance Company

**ADDENDUM
TOWING/WRECKER OPERATION SUPPLEMENTARY INFORMATION**

1. *Named Insured:* _____
2. *Do you tow for hire?* _____ NO _____ YES
3. *What percentage of your towing is:* **Private Passenger** _____% **Commercial Truck** _____%
Tractor/Trailer Rigs _____% **Other** _____% - (Describe: _____)
4. *What percentage of your towing is done for:* **Police Rotation** _____% **Vehicle Repossession** _____%
Dealerships/Repair/Service _____% **Other Contracts** _____% - (Describe: _____)
5. *What is your maximum radius of operation?* _____
6. *Do you operate your own dealership &/or repair/service facility?* _____ NO _____ YES
If yes, do you tow to complement your own facility? _____ NO _____ YES
7. *Do you store/impound vehicles?* _____ NO _____ YES
If yes, describe your lot: _____
8. *Where do you usually drop off vehicles?* _____
9. *Do you transport more than 2 vehicles at a time?* _____ NO _____ YES
10. *Are passengers allowed to ride in tow trucks?* _____ NO _____ YES
11. *What is the largest city you operate in?* _____
12. *Do you cross the state line?* _____ NO _____ YES
13. *On an average how many pick ups do you make daily?* _____
14. *What filings do you require (if any)?* _____
15. *Where are the tow trucks kept when not on the road?* _____
16. *Do you perform monthly vehicle safety inspections?* _____
17. *Do you use towing procedure manuals?* _____ NO _____ YES
18. *Do you offer safety training classes?* _____ NO _____ YES
19. *Do you operate on a 24/7 basis?* _____ NO _____ YES
20. *How experienced are your tow truck drivers?* _____ Less than 2 years _____ 3 to 5 years _____ Over 5 years

(Print Applicant's Name)	(Applicant's Signature)	(Date)	
(Agency Name)	(Agency Address)	(Agent's Signature)	(Date)