

Rate Increase Petition Questionnaire

**Income Data for the Period
January 1, 2010 through December 31, 2010**

INCOME

Please enter the dollar amounts for the income categories listed below. If there were no revenues in a category, please enter a zero -0- in that category.

DO NOT LEAVE ANY SPACES BLANK

| | <u>Commercial</u> | <u>Non-Commercial</u> |
|--|--------------------------|------------------------------|
| 1. Police, Trespass, Snow Removal and Other INVOLUNTARY TOWING Revenues | \$ _____ | \$ _____ |
| 2. All Other TOWING Revenues | \$ _____ | \$ _____ |
| 3. Total TOWING Revenues | \$ _____ | \$ _____ |
| 4. Total STORAGE Revenues from Involuntary Tows <i>* Storage revenue is to be included in all above entries. Line 4 is designed to accurately reflect <u>storage only</u> revenues.</i> | \$ _____ | \$ _____ |

Please indicate the number of tows your company did for the period 1/1/10 through 12/31/10 in each of the categories.

| | | |
|---|---------|---------|
| 1. Total Number of Police, Trespass, Snow Removal and Other INVOLUNTARY TOWS | # _____ | # _____ |
| 2. Total Number of All Other Tows | # _____ | # _____ |
| 3. Total Number of Tows Performed From 1/1/10 through 12/31/10 | # _____ | # _____ |

Average Round Trip Mileage per Police, Trespass, Snow Removal and Other INVOLUNTARY TOWS
_____ miles

Number of Police, Trespass, Snow Removal and Other INVOLUNTARY TOWS with additional charges EXCLUDING THE BASIC CHARGE AND/OR MILEAGE CHARGES.

For example, charge for a second truck or additional hours of service time # _____ # _____

Expense Data for the Period
January 1, 2010 through December 31, 2010

Instructions:

Enter the dollar amount of each expense after the \$. Please enter the amount of the expense of the towing operations only. If an expense is shared by different functions, allocate the portion of the amount relevant to the towing. If there is no expense for a category, please enter a zero -0- in the space.

DO NOT LEAVE ANY SPACES BLANK

EMPLOYEES:

Salaries and Wages \$ _____

All Other Payroll Expenses \$ _____

Unpaid services –ex. night dispatching \$ _____

** If owner or other employee provides services and are unpaid.
Calculate how many hours x hourly rate.*

TOTAL EMPLOYEE EXPENSE \$ _____

EQUIPMENT:

Depreciation \$ _____

Loan Interest \$ _____

Insurance \$ _____

Fuel / Gasoline – Taxes included \$ _____

Lease payments \$ _____

Taxes (i.e. income, FET, MA excise, sales tax, etc.) \$ _____

Repairs and maintenance \$ _____

Other: Description _____ \$ _____
(i.e. registration fees, emissions inspections, etc.)

TOTAL EQUIPMENT EXPENSES \$ _____

FACILITIES (Including storage facility cost.):

Depreciation \$ _____

Mortgage Interest \$ _____

Real estate taxes \$ _____

Rent / Lease \$ _____

Insurance \$ _____

Utilities \$ _____

Repairs and maintenance \$ _____

Expense Data for the Period
January 1, 2010 through December 31, 2010
(continued)

| | | |
|--|----|--|
| Office Expenses (i.e. communication, office supplies, etc.) | \$ | |
| Professional fees – accountant / attorney | \$ | |
| Interest loans | \$ | |
| Sublet Services | \$ | |
| Other: _____ (i.e. professional memberships, training, municipal business fees) | \$ | |
| TOTAL FACILITY EXPENSES | \$ | |

Census Data for the Period
January 1, 2010 through December 31, 2010

In order to accurately reflect the demographics of this survey, we need the following information relative to your towing operation only.

DO NOT LEAVE ANY SPACES BLANK

1. Total number of towing operation vehicles # _____
2. Total number of towing operation employees # _____

(If an employee provides functions for other operations please count the percentage of employee time dedicated to towing operations. For example: a tower dispatcher that also provides receptionist services for a repair operation 50% of the time would be entered at .5 .)

3. Total Number of Requests for Involuntary Tows
Not Resulting in a Tow and/or Revenue. Indicate your cost for each entry.

- i. Dry Tow @ \$ _____ # _____
 (commercial / non-commercial)
- ii. Abandoned Tow @ \$ _____ # _____
 (commercial / non-commercial)
- iii. Other _____ @ \$ _____ # _____
 (commercial / non-commercial)

- a. Loss of Revenue Responding to Requests for Involuntary Tows Not Resulting in a Tow and/or Revenue \$ _____

Please note that all the information received is treated with the strictest confidentiality.

Your participation is essential if the industry is to receive a rate increase

Thank you for your participation in completing this survey. The Statewide Towing Association of Massachusetts needs as many surveys from tow companies as we can get. In an effort to maintain the highest level of confidentiality, once you have completed this survey and signed the statement below, please mail the entire survey and this signature page to:

**Lynch Associates, Inc
Attn: Anne Lynch
10 Liberty Square 5th FL
Boston, MA 02109**

The following Oath of Accuracy and Survey Integrity is now being required by the Commonwealth of Massachusetts to ensure the integrity of all rate setting surveys.

Oath of Accuracy and Survey Integrity

I certify, under the pains and penalties of perjury, that the information that I have provided pursuant to this survey is truthful and accurate.

Signature

(Date)

Company

Address