



**AUTO DEALER
WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION**

GENERAL INFORMATION					
Company Name					
Business Address					
Website Address					
BUSINESS / OPERATION					
Projected Gross Receipts (current calendar year)	\$	% Vehicle Sales	% Service	% F&I	% Other
Years in Business		Describe Operations			
Has ownership changed in past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the owner active in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the operation include a body shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the operation include auto rental?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the operation include towing or hauling?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the company sell motorcycles or ATV's	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the company a franchised dealership?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please list)</i>				
Current total number of employees (FT and PT)		Salespersons	Mechanics/Helpers	Clerical	
		Detail/Porters	Service Writers	Other	
Do salespersons accompany customers on test-drives?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is service work performed on commercial motor vehicles (GVW greater than 10,000 lbs)?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Demonstrators provided to Managers?		Number of Parts Trucks		Number of Tow Trucks	
Number of Demonstrators provided to Salespersons?		Number of Customer Shuttles		Number of Car Haulers	
SAFETY MANAGEMENT					
Who oversees employee safety efforts within your company?	Name/Title: Email:				
Are their established/enforced minimum MVR criteria for any employee permitted to drive in the course of their employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Protective Equipment Used by Employees <input type="checkbox"/> Safety Glasses /Goggles <input type="checkbox"/> Hard Hat / Bump Cap <input type="checkbox"/> Hard-Toe Safety Shoes <input type="checkbox"/> Hearing Protectors <input type="checkbox"/> Respirator or Dust Mask <input type="checkbox"/> Gloves			
Are routine safety meetings (or safety training) conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there an active drug-testing policy that includes mandatory post-accident drug-testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there <u>written</u> safety rules that are effectively communicated with employees routinely?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a new-hire safety orientation process that effectively addresses the job hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

To the best of my knowledge, all of the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or if information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information, the insurance company may send direct notice of cancellation.

Officer or Owner of Business

Date