

# Automotive Services - Industry Supplemental Questionnaire

## Applicant Information:

Proposed Effective Date:	Legal Name:	Application ID:
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Application completed by: Broker:  Employer:

Please provide (first, last) name: \_\_\_\_\_ Date: \_\_\_\_\_

<p>Is this risk a gas station? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes</b> - Hours of operation: <input type="checkbox"/> 24/7 or, ____am ____pm</p> <p>Security cameras installed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Bullet proof cashier booth? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Drop safe registers? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Is the insured involved with auto repairs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes</b> – How many employees are ASE certified? _____</p> <p>Please describe the type of repairs performed and on what types of vehicles:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>Is there a mini market onsite: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Car wash service? No <input type="checkbox"/> Yes - Self-service: <input type="checkbox"/> Full service: <input type="checkbox"/></p>	<p>Does the insured offer towing or roadside services: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes:</b> Contract services? Yes <input type="checkbox"/> No <input type="checkbox"/> 24 hour service? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any road repair services? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## General Classification Evaluation:

- 1) Maximum height exposure: \_\_\_\_ Ft.  N/A  
**If applicable** - Method of reaching height exposures: (Check all that apply)  
 Ladder  Scaffolding  Scissor Lifts  Other:  \_\_\_\_\_
  
- 2) Maximum weight lifted: \_\_\_\_ lbs.  N/A  
**If applicable:** Manual Lifting  Employee(s) lifts with assistance:  Please explain: \_\_\_\_\_  
 Please list the typical types of items lifted: \_\_\_\_\_
  
- 3) Vehicle exposure: No  If yes, please answer the following:  
 Any test driving of vehicles? Yes  No  Percentage of total operations: \_\_\_\_ %  
  
 Any transportation of customers? No  Yes, using:  Company-Owned Vehicle  Personal or Customers Vehicle  Both  
  
**If using company-owned vehicles:**  
 Total # of vehicles: \_\_\_\_ Number of employee drivers: \_\_\_\_ Driving radius in miles: \_\_\_\_ mi.  
  
 GPS tracking system installed? Yes  No  MVR's Checked? Yes  No   
 PUC Filing: N/A  Yes: \_\_\_\_\_ MCP Filing: N/A  Yes: \_\_\_\_\_
  
- 4) Any out of state, international, or overnight travel: Yes  No   
**If Yes** - Please provide:  
 Number of employees traveling: \_\_\_\_  
 Method of transportation: \_\_\_\_\_ Location(s): \_\_\_\_\_  
 Frequency of travel: \_\_\_\_\_
  
- 5) CPR training provided: No  Yes  **If Yes** - Number of employees certified: \_\_\_\_

## Claims Handling:

- 1) Is there a set procedure for reporting claims? Yes  No
- 2) Is there a formal written accident investigation report? Yes  No
- 3) Do you currently participate in an MPN program to control claim costs? Yes  No

**Personnel Practices:**

- 1) New-hire orientation program: Yes  No  Is the orientation documented? Yes  No
- 2) Owner is active in daily operations: Yes  No
- 3) Employee handbook: Yes  No
- 4) Post-accident drug testing: Yes  No
- 5) Job specific training: Yes  No
- 6) Performance appraisals: Yes  No
- 7) Wellness program in place: Yes  No
- 8) Are any of the following benefits provided?
  - Medical: No  Yes: Employer contribution: \_\_\_% Percentage of employees enrolled: \_\_\_%
  - Retirement: No  Yes: Employer contribution: \_\_\_% Percentage of employees enrolled: \_\_\_%
- 9) Any other information in regard to employee benefits? If so, please provide those details:

**Employer-Employee Relationship:**

- 1) Employee turnover rate (annually): \_\_\_% Average tenure of employees (in # of years): \_\_\_\_\_
- 2) Number of employees hired:
  - Full Time (annual): \_\_\_ Payroll Estimate: \$ \_\_\_\_\_
  - Part Time/Seasonal: \_\_\_ Payroll Estimate: \$ \_\_\_\_\_
- Number of seasonal employees: \_\_\_\_\_
- Seasonal employee period (From Month: \_\_\_\_\_ to Month: \_\_\_\_\_)

**Safety Program/Practices which are implemented and enforced:**

- 1) Fall Protection Plan: Yes  No  N/A
- 2) Heat and illness prevention program: Yes  No  N/A
- 3) Respiratory program: Yes  No  N/A
- 4) Driver safety training plan: Yes  No  N/A
- 5) Forklift training & safety plan: Yes  No  N/A
- If Yes – Annual certification required:**
- 6) MSDS available for all chemicals/products used: Yes  No  N/A
- 7) Written lockout/tag out/block out procedures: Yes  No  N/A
- 8) Hazardous chemicals safety plan: Yes  No  N/A
- 9) Confined spaces plan: Yes  No  N/A
- 10) Active safety incentive program for all employees: Yes  No  N/A
- 11) Are supervisors held accountable for a safe work environment? Yes  No  N/A
- 12) Is there a dedicated full time safety manager? Yes  No  N/A
- If Yes – Please provide:**  
Name: \_\_\_\_\_ Title: \_\_\_\_\_
- 13) Safety meetings are conducted:  Daily  Weekly  Monthly  Quarterly  Does not conduct safety meetings  
Are safety meetings documented? Yes  No
- 14) Personal protective equipment provided to all employees: No  Yes, please list types: - \_\_\_\_\_
- 15) Employee to Supervisor ratio: \_\_\_ / \_\_\_
- 16) What loss prevention recommendations has the insured implemented?  Loss control service has not been performed.

Year implemented: \_\_\_\_\_  
[Text here]

**Machinery and Equipment:**

- 1) Please list the types of machinery/equipment used: \_\_\_\_\_ N/A
- 2) Are all equipment operators certified? Yes  No
- 3) Are all machineries/equipments properly guarded: Yes  No
- 4) Age of equipment in years:  0-5  5-10  10-20  20+
- 5) Condition of the equipment:  Excellent  Good  Average  Poor
- 6) Who is responsible for maintaining machinery?  Insured  Contractor  Other: \_\_\_\_\_

**Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?**

[Text here]