

AUTO SERVICE SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Has this business been in operation for at least three years with prior workers' comp coverage?

3. # of Bays: _____ # of Cages _____

3. Hours of operation:

4. Location of business (check): _____ city _____ suburb _____ small town _____ rural

5. Work Performed (check): _____ Mechanical Repair _____ Body Work _____ Painting
 _____ OSHA approved _____ Recapping or Re-treading

Other: _____

6. Any towing operations? _____ yes _____ no

7. What types of towing (check): _____ incidental _____ 24-hour _____ on rotation _____ highway permits

8. The number of Wreckers: _____

9. Is roadside assistance provided? _____ yes _____ no

10. What types of roadside assistance? _____ unlocks _____ tire changes _____ jump starts

Other: _____

11. Is there a written safety program? _____

12. Are employees required to use personal protective equipment: _____ safety glasses _____ hearing protection

Other: _____

13. Are employees certified technicians? _____ yes _____ no

14. Safety methods used to prevent tire/rim assembly explosions: _____

15. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? _____ Yes _____ No If no, explain _____