

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. 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 _____

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

4. # of Bays: _____ # of Cages _____

5. Hours of operation: _____

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

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

Other: _____

8. Any towing operations? yes no

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

10. The number of Wreckers: _____

11. Is roadside assistance provided? yes no

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

Other: _____

13. Is there a written safety program? _____

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

Other: _____

15. Are employees certified technicians? yes no

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