

Supplemental Application

Auto Service

1. Has this business been in operation for at least three years with prior workers compensation coverage? Yes No
2. Does the application show the prior carrier and loss information? Yes No
3. Is the loss ratio (average annual losses / quoted premium) less than 40%? Yes No
4. Location of your business:
 Urban Suburban Small town Rural
5. Hours of operation:
Open after 6:00 pm Yes No
Open after 9:00 pm Yes No
Open after Midnight Yes No
6. Work performed:
 - a. Mechanical repair: Yes No
 - b. Body work: Yes No
 - c. Painting: Yes No
 - d. If yes, do you have an OSHA approved spray booth? Yes No
 - e. New car sales: Yes No
 - f. Used car sales: Yes No
 - g. Mobile homes – sales or installation: Yes No
7. Are employees required to use personal protective equipment?
 - a. Safety glasses Yes No
 - b. Respirators Yes No
 - c. Hearing protection Yes No
 - d. Other _____
8. Any towing operations? Yes No
If yes, explain (incidental, 24 hour, AAA or highway permit ...) on application.
9. Any roadside assistance provided?
10. # Full time employees: _____
Part-time employees: _____
Maximum number of employees working at one time at a location: _____