



**AUTOMOTIVE REPAIR/DEALER/SUPPLY
SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION**

Application/Policy #: _____ Effective Date: _____

Insured Name: _____ Federal ID #: _____

Website: _____ Email: _____

Agency Name: _____ Contact: _____

Payroll Data: Provide historical payroll data by class (for current and prior 4 years) or submit final audit invoices if available. **Applicable only to policy years not insured by Republic Indemnity.**

	Class	Class	Class	Class	Class
Current Year					
1st Year Prior					
2nd Year Prior					
3rd Year Prior					
4th Year Prior					

Loss Experience

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere and **most current experience modification worksheet** if available.

Operational Information – Automotive Repair

1. Does applicant specialize in any of the following?

- Air bag repair/repacking: Yes No Percentage of sales/repairs: _____
- Transmission Repair: Yes No Percentage of sales/repairs: _____
- Brake installation/repair: Yes No Percentage of sales/repairs: _____
- Auto glass installation: Yes No Percentage of sales/repairs: _____
- Muffler repair: Yes No Percentage of sales/repairs: _____
- Tire sales/installation/repair: Yes No Percentage of sales/repairs: _____
- Repair/maintenance of any particular type/model of vehicle: Yes No
- List type/model: _____

2. Are any of the following services performed?

- Body work/painting: Yes No Sale of used cars: Yes No
- Repair of farm equipment, recreational vehicles, commercial trucks or construction equipment: Yes No
- Provide details: _____

3. Does the Body Shop:

- Have a formal Respiratory Protection Program? Yes No
- Have a formal Employee Training Program? Yes No
- Have a formal Hazard Communication Program? Yes No
- Provide employee training on PPE (Personal Protective Equipment - i.e. dust mask, shields, goggles, respirators) and enforce use of PPE? Yes No

4. Are any of the following operated by the applicant?

- Gas Station: Yes No
- Car Wash: Yes No
- Convenience Store: Yes No



- 5. Any sponsorship of events, i.e. races? Yes No
 Type of events _____
 What is entailed in the sponsorship (uniforms, fees, equipment, etc.)? _____
- Any employee involvement: Yes No
- 6. Are oil and/or spills cleaned up immediately? Yes No
- 7. Towing exposure? Yes No Describe: _____
- 8. Any emergency/roadside service/repair? Yes No Describe: _____

Operational Information – Automotive Dealers

- 1. Percentage of new car sales vs. used car sales: New _____ Used _____
- 2. Sales of commercial trucks and/or recreational vehicles: Yes No
- 3. Does insured operate a body shop? Yes No Approved paint booth? Yes No
- 4. Towing exposure? Yes No Describe: _____
- 5. Any emergency or roadside service and/or repairs? Yes No Describe: _____
- 6. Formal Respiratory Protection Program: Yes No
- 7. Formal Employee Training Program: Yes No
- 8. Formal Hazard Communication Program: Yes No
- 9. PPE (Personal Protective Equipment) provided and use enforced: Yes No
- 10. Maximum manual weight lifted: _____ lbs.
- 11. Hours of Operation: Sales Department _____ Service and Repair Department _____

Operational Information – Automotive Supply Store

- 1. Description of items sold, including size/weight: _____
- 2. Are loads palletized and moved by forklift or other material handling device? Yes No
 If forklifts are used, are forklift operators properly trained and certified? Yes No
- 3. Percentage breakdown of sales: Wholesale _____% Retail _____%
- 4. Any service, repair, rebuilding or installation operations? Yes No
 Detailed description of these operations: _____
- 5. Are tires sold? Yes No If yes, percentage of gross receipts: _____%
- 6. Any sponsorship of events, i.e. races? Yes No
 Type of events: _____
 What is entailed in the sponsorship (uniforms, fees, equipment, etc.): _____
 Any employee involvement? Yes No

General Information

- 1. Current number of permanent employees: _____
 Number of temporary/seasonal employees: _____
 Number of W2's filed for latest reporting year: _____



2. How many independent contractors are used? _____
How many 1099 forms are issued to individuals? _____
How many 1099 forms are issued to companies/organizations? _____
If there are independent contractors, what kind of work do they perform? _____
Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No
3. Number of employees: Increasing _____ Decreasing _____ Stable _____
4. Number of part-time employees _____ Number of full-time employees _____
5. Mean wage: For mainstream employees in production operations or services offered \$ _____/hr.
For administrative staff (e.g. clerical, sales) \$ _____/hr.
6. Union Non-Union % of employees participating _____
7. Group Medical: Yes No Name of Group Medical Provider: _____
% of employees participating: _____ % of employer contribution: _____
Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
8. Safety Program: Yes No
Safety meetings held for all employees: Yes No
Personal protective safety equipment provided: Yes No
Accident investigation program in place: Yes No
9. Hiring Practices
Application: Yes No
Check References: Yes No
10. Pre-employment physical: Yes No
11. Drug Screening Program/Random Drug Testing: Yes No
12. Does insured offer modified work: Yes No
If yes, provide details: _____
13. Loss Control Incentive Program: Yes No
14. Percent of Off Premises Operations: _____%
15. Vehicle Exposure: Radius of Operations: _____
Number of Commercial Vehicles: _____ Number of Private Passenger Vehicles: _____
Details of use, including specifics regarding delivery exposure and towing/roadside assistance, if applicable: _____
Number of employees driving on a regular basis (we define regular as 10% or more of employees' time): _____
Frequency of off-premises activity: Daily Less than Daily
What are the average and maximum number of covered employees that travel together in the same vehicle?

How often do the maximum number of covered employees travel together in the same vehicle? _____
MVR's checked: Yes No If yes, please provide details as to procedures in place: _____

Is there a disciplinary/termination rule in place based on driving record? Yes No
If yes, describe how this is implemented: _____
16. Is there any out-of-state travel? Yes No If yes, who travels? _____
Where do they travel? _____ How long do they travel for? _____
17. Hours of operation: _____
18. Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by governmental offices or National Landmarks? Yes No
If yes, provide details: _____



Locations(s) – Please complete for all locations of business operations:

Number of Employees assigned to the location (including those who work off premises)		# of Shifts	Maximum number of employees on the premises at one time	# of Stories and Floor # occupied by this business		Building Construction Type *(see below)
Full-time	Part-time			# Stories	Floor #	

Location (1)							
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Street
City, State, Zip

Location (2)							
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Street
City, State, Zip

Location (3)							
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Street
City, State, Zip

If there are more than 3 locations, please continue on a separate sheet.

*Types of Building Construction that closely matches the description of the building that the insured occupies.

Wood Frame, including masonry veneer	Tilt-up concrete
Unreinforced masonry	Reinforced concrete
Reinforced masonry	Light gauge steel frame
Mobile home	Protected structural steel frame

Policy Specifications

Non-Participating Plan Participating
 Program: Yes No If yes, Program Name: _____
 Commission: _____% Direct Bill Agency Bill

Producer Authorized Signature: _____ Date: _____