



**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
<b>Current Year</b>					
<b>1<sup>st</sup> Year Prior</b>					
<b>2<sup>nd</sup> Year Prior</b>					
<b>3<sup>rd</sup> Year Prior</b>					
<b>4<sup>th</sup> Year Prior</b>					

**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 #	

<b>Location (1)</b>						
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Street
City, State, Zip

<b>Location (2)</b>						
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Street
City, State, Zip

<b>Location (3)</b>						
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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: \_\_\_\_\_

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.