

AUTOMOTIVE REPAIR/DEALERS/SUPPLY SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

Application/Policy# _____
Insured Name: _____ Federal ID #: _____
Effective Date: _____ Website: _____ Insurance Contact Email: _____
Agency: _____ 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:	_____	_____	_____	_____	_____
<u>YEAR</u>	_____	_____	_____	_____	_____
<u>Current</u>	_____	_____	_____	_____	_____
<u>1st Prior Yr</u>	_____	_____	_____	_____	_____
<u>2nd Prior Yr</u>	_____	_____	_____	_____	_____
<u>3rd Prior Yr</u>	_____	_____	_____	_____	_____
<u>4th Prior Yr</u>	_____	_____	_____	_____	_____

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		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
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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 & 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. Number of employees: Increasing _____ Decreasing _____ Stable _____
3. Number of part time employees _____ Number of full time employees _____
4. Mean wage: For mainstream employees in production operations or services offered \$ _____/hr.
For administrative staff (e.g. clerical, sales) \$ _____/hr.
5. Union Non-Union % of employees participating _____
6. 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
7. Group Medical provided: 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 _____

#Vehicles _____ (comm'l) _____ (private passenger)
 Details of use, including specifics regarding delivery exposure and towing/roadside assistance, if applicable _____

Number of employees regularly driving: * _____

* We define regular as over 10% of all production employees time in the aggregate being spent off-premises.

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 detail _____

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

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	<u>Full-time</u>	<u>Part-time</u>				
Location (1)	_____	_____	_____	_____	_____/____	_____
Street	_____					
City, State, Zip	_____					
Location (2)	_____	_____	_____	_____	_____/____	_____
Street	_____					
City, State, Zip	_____					
Location (3)	_____	_____	_____	_____	_____/____	_____
Street	_____					
City, State, Zip	_____					

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

*Types of Building Construction that closely matches the description of building that 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 _____ Program Name _____
 Commission % _____ Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date _____