



## Automobile Dealers and Repair Shop Supplemental Application

Name:

**Types of services provided:**

|   | Y | N |                               | Y | N |
|---|---|---|-------------------------------|---|---|
| New/Used auto sales                                 |   |   | Roadside assistance           |   |   |
| Autobody services                                   |   |   | Towing                        |   |   |
| Repair and maintenance services                     |   |   | Shuttle service for customers |   |   |
| Repair of commercial vehicle (over 10,000 lbs. GVW) |   |   | Vehicle pickup and delivery   |   |   |

**General**

1. Number of employees:                      Full-time:                      Part-time:                      Turnover %:
2. Total payroll in the following positions/departments:  
     Clerical:                      Sales:                      Service/Maintenance:

**Clerical employees** — employees exclusively engaged in office work or the keeping of books or records of the business. Clerical office employees work exclusively in a separate building or on separate floors, or in departments that are separated from all other workplaces of the employer by partitions at least 5 feet high and within which no work is performed other than clerical duties.

**Sales employees** — personnel who have interaction with customers. Personnel includes salespersons, counter personnel (no shop exposure), cashiers, estimators, finance/loan officers, and receptionists.

**Service/Maintenance** — all other employees who do not fall under sales or clerical employee descriptions, including shop managers/foremen, parts department employees, lot jockeys, service writers/estimators (unless 100% in office), mechanics, car detailers, body shop technicians, and auction/dealer trade/shuttle drivers.

3. Are any operations subcontracted?  
     Ground maintenance    Y    N    Building maintenance    Y    N  
     Snow removal            Y    N    Other (describe)

**Repair/Autobody shop operations**

1. Is all repair work performed by licensed certified mechanics?    Y    N
2. Does the insured operate a paint booth?    Y    N
  - a. Is there an exhaust ventilation system to capture paint overspray?    Y    N
  - b. Is there explosionproof wiring/lighting in the booth?    Y    N
  - c. Is there an automatic fire extinguishing system?    Y    N
3. Does the insured use a nonhazardous abrasive blasting material (containing less than 1% crystalline silica)?    Y    N    No media blasting performed
4. Is respirator protection used?    No    Voluntary    Enforced    Other:
5. Is respirator fit training and testing conducted?    Y    N
6. Are the lifts inspected by a third party?    Y    N    If so, how often?

**Auto fleet**

| Type                | Tow Trucks | Flatbeds | Auto Carriers | Other |
|---------------------|------------|----------|---------------|-------|
| Number of units     |            |          |               |       |
| Radius of operation |            |          |               |       |

## Dealer operations

- |  |   |   |
|--|---|---|
| 1. Do employees work from heights to hang banners, signs, or other marketing materials?  | Y | N |
| 2. Is there a designated route used for test drives?   | Y | N |
| 3. Are employees required to wear seatbelts during test drives?  | Y | N |
| 4. Any dealer trade/auction drivers? Yes, employees      Yes, subcontractors      No   |   |   |
| 5. Any retired individuals hired for dealer trades or shuttle services?<br>If so, how many?      What is the maximum age of employees hired? | Y | N |

## Hiring/Employment practices

|                           | Y | N |                                     | Y | N |
|---------------------------|---|---|-------------------------------------|---|---|
| Written applications      |   |   | Physical capabilities testing       |   |   |
| Postaccident drug testing |   |   | Employment history validation       |   |   |
| Prehire drug testing      |   |   | Criminal background checks          |   |   |
| Pre-employment physicals  |   |   | Certification/Licenses verification |   |   |

- |   |    |         |          |
|---|----|---------|----------|
| 1. Are MVRs reviewed on all drivers?  | No | At hire | Annually |
| 2. What is the employer's policy for multiple violations/accidents and/or DUIs on MVRs? |    |         |          |

## Safety

- |  |    |         |                                |
|--|----|---------|--------------------------------|
| 1. Who is currently responsible for the employer's safety program (title)?   |    |         |                                |
| 2. Is there a safety committee?  | Y  | N       | If so, how often does it meet? |
| 3. Is there employee safety training, including safe lifting technique?  | No | At hire | Annually                       |
| 4. Are regular "hazard identification" inspections of the premises performed?<br>a. If so, how often?  | Y  | N       |                                |
| 5. Are arrangements in place for the prompt removal of snow or ice?  | Y  | N       |                                |
| 6. What type of personal protection equipment are employees required to wear in the shop?<br>Gloves      Eyewear      Respirators      Steel-toed shoes      Other |    |         |                                |

## Workers' compensation claims management

- |  |   |   |
|--|---|---|
| 1. Are "root cause" investigations completed on all accidents to prevent recurrence?     | Y | N |
| 2. Is there a current workers' compensation panel established and posted?                | Y | N |
| 3. Do employees sign a WC panel acknowledgment form at hire and time of injury?          | Y | N |
| 4. Does the employer have any objection to utilizing an established UPMC provider panel? | Y | N |
| 5. Is there a return-to-work/light duty program established?                             | Y | N |
| a. If so, are light duty positions pre-established with written job descriptions?        | Y | N |
| b. Provide an example of a light duty job(s) that can be provided:                       |   |   |

Completed by:

Title:

Date:

**Fraud statement:** Any person who knowingly and with intent to defraud any insurance company, or files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.



U.S. Steel Tower, 600 Grant Street  
Pittsburgh, PA 15219

[workpartners.com](http://workpartners.com)

