

# AUTO SERVICE SUPPLEMENTAL APPLICATION

Name of Applicant: \_\_\_\_\_

## General Exposure Information

Allocate percentage of work performed by type:

Private Passenger Types	_____%	RVs, ATVs, Boats	_____%
Light/Medium Trucks	_____%	Motorcycles	_____%
Heavy Trucks/Truck-Tractors	_____%		
Other (Describe)	_____%	_____	

## Hiring and Safety Practices

Are owners active in daily operations?

Written applications?

Background Checks?

Reference checks?

Are personnel files documented for pre-existing injuries?

Pre-hire drug testing?

Post accident drug testing?

MVR checks?

Does the insured use hand operated jacks?

Describe personal protective equipment that is provided & required:

\_\_\_\_\_  
\_\_\_\_\_

## Towing Exposure

Is any towing is sub-contracted? \_\_\_\_\_

If so, are Certificates of Insurance maintained for the Workers' Comp coverage? \_\_\_\_\_

Number of tow trucks: \_\_\_\_\_ Is towing for customer cars only? \_\_\_\_\_

Does the insured perform any roadside assistance?

## Automobile Body Shops

Are the spray booths UL approved with proper ventilation and explosion proof lighting? \_\_\_\_\_

Is proper personal protective equipment (respirators, shields, etc) provided & required? \_\_\_\_\_

Is a formal respiratory protection program in place? \_\_\_\_\_

**Thank you for providing this important information**

Signature of Person Completing This Application

Title

Date Signed



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