



# RT WC Specialty Auto Dealer/Repair

## Supplemental Workers' Compensation Application

Insured Name: \_\_\_\_\_

Insured Web Address: \_\_\_\_\_

Insured FEIN: \_\_\_\_\_

### Payroll/Premium Information

| Policy Year | Payroll | Premium |
|-------------|---------|---------|
| 4th Prior   | \$      | \$      |
| 3rd Prior   | \$      | \$      |
| 2nd Prior   | \$      | \$      |
| 1st Prior   | \$      | \$      |
| Current     | \$      | \$      |

### Business Operations

Please provide a detailed description of the operation:

\_\_\_\_\_

- 1. Is the applicant a union operation?  Yes  No
- 2. Any towing services provided?  Yes  No  
If yes, any contract towing?  Yes  No
- 3. Any roadside assistance?  Yes  No  
If yes, 24-hour exposure?  Yes  No
- 4. Any fueling operations?  Yes  No
- 5. Is there a mini-market on premises?  Yes  No  
If yes, is it open 24 hours?  Yes  No
- 6. Any security/surveillance cameras on premises?  Yes  No
- 7. Any test driving of customer vehicles?  Yes  No
- 8. Any transportation of customers?  Yes  No
- 9. Any off premises or mobile services?  Yes  No

10. Any painting operations?  Yes  No  
 If yes, is there a ventilated/filtered spray booth?  Yes  No  
 Do you have a written respiratory protection program?  Yes  No
11. Are employees ASE (Automotive Service Excellence) trained and certified?  Yes  No
12. Are Motor Vehicle Records (MVR) checked annually for all employees who drive as part of their job?  Yes  No  
 If yes, please clarify the following:  
 MVR's verified at time of hire?  Yes  No  
 MVR's verified every six months after hire?  Yes  No  
 Copies of MVR's maintained in personnel files?  Yes  No
13. Have any of the drivers had a speeding violation in the last three (3) years?  Yes  No  
 If yes, please list how many: \_\_\_\_\_
14. Is there a formal safety program in place?  Yes  No
15. Is there a formal return to work/modified duty program in place?  Yes  No
16. Is a formal pre-hire drug testing program in place?  Yes  No
17. Is a formal post accident drug testing program in place?  Yes  No

**\*\* The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify RT Specialty of any significant change in operations or payroll. Terms of insurance coverage may be canceled for misrepresentation if information provided is inaccurate.\*\***

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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