



**AUTOMOTIVE RISK MANAGEMENT & INSURANCE SERVICES, INC.**  
**1919 GRAND CANAL BLVD., SUITE C-7**  
**STOCKTON, CA 95207 • CA LICENSE NO. OB89379**  
**PHONE (209) 473-8937 • FAX (209) 473-8939**

This supplement must be attached to and become part of the "ACORD Workers' Compensation Application".

**WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION**

Agency \_\_\_\_\_ Producer/Contact Person \_\_\_\_\_

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

Dealership Workers' Comp Contact Person/Telephone Number \_\_\_\_\_

**OPERATIONS INFORMATION**

Ownership: Active Management  Absentee Management  Years \_\_\_\_\_

No of Demonstrators provided to Managers? \_\_\_\_\_ No Provided to Salespersons? \_\_\_\_\_

No of Demonstrators \_\_\_\_\_ No of Parts Trucks \_\_\_\_\_ No of Customer Shuttles \_\_\_\_\_ No of Tow Trucks \_\_\_\_\_

Does the insured have a body shop?  Yes  No

Does the Insured sell or service Mobile Homes or Boats?  Yes  No

Gross Receipts \_\_\_\_\_ % Vehicle Sales \_\_\_\_\_ % Service \_\_\_\_\_ % F&I \_\_\_\_\_ % Towing \_\_\_\_\_

Hours of Operation \_\_\_\_\_

**HIRING PRACTICES**

Complete Applications  Yes  No Reference Checks  Yes  No

Pre/post Employment Physical  Yes  No Pre-placement Drug Testing  Yes  No

Orthopedic Back Test  Yes  No No smoking policy in work areas  Yes  No

MVR's Checked? Hire Date  Semi-Annually  Annually

**SAFETY PROGRAM**

Regularly scheduled Safety Meetings for all employees? Yes  No  How often? \_\_\_\_\_

When were Safety Meetings initiated? \_\_\_\_\_

Does the insured contract with a Safety Consultant?  Yes  No If yes, what is the name of the Safety Consulting Firm?

Safety Training program for employees?  Yes  No CPR Training?  Yes  No

Drug/alcohol awareness program?  Yes  No Defensive Driving Training?  Yes  No

Loss Control Incentive Program?  Yes  No

Does Insured offer a Modified Work Program?  Yes  No Does Insured have a "First Aid" program?  Yes  No

Name of Employer Health Insurance \_\_\_\_\_

Use specific medical provider to treat injured employees?  Yes  No

Is this a clinic  physician  emergency room  or other .

Disciplinary procedures?  Yes  No

Machinery guards in place?  Yes  No

Safety Glasses provided and required in service areas?  Yes  No

Are loss runs reviewed by management and the safety committee?  Yes  No

Does the insured agree to comply with safety recommendations and MVR standards?  Yes  No