



Named Insured:		Web Address:	
Insured's FEIN:			
CONTACT NAME		PHONE NUMBER	
Inspections:			
Premium Audit:			
Claims:			
PRIOR PAYROLL AND PREMIUM INFORMATION			
	Total Annual Payroll	Premium \$	
Current Year:			
Prior Year:			
Prior Year:			
Prior Year:			
Prior Year:			
OPERATIONS AND BENEFITS			
Broker controlled account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant currently use a PEO or payroll service? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide name of organization used:	
Please provide a detailed description of the operation:			
Years in business?		Hours of operation:	
No. of shifts:	Does the applicant allow employees to work more than three consecutive 12-hour shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a driving or delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operations/travel: <input type="checkbox"/> <10 miles <input type="checkbox"/> 11-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+	
If yes, what is the frequency? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other:		Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A		If yes, how provided? <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus	
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of employees transported per vehicle:	
If yes, types of vehicles:		No. of vehicles used to transport:	
If yes, are vehicles taken home: <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
No. of vehicles:	No. of drivers:	Is insured enrolled in DMV Pull program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are driver acceptability standards in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who does the servicing?		If yes, provide details:	
Outside vendor: <input type="checkbox"/>			
In-house mechanics: <input type="checkbox"/>			
Other: <input type="checkbox"/>			
Does insured have and enforce the following policies for drivers:			
Alcohol/drug use: <input type="checkbox"/> Yes <input type="checkbox"/> No		Seat belt use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distracted driving: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any work-related injuries as a result of a prior motor vehicle accident within the past four years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details, including fault of accident and if subrogation was pursued:			
Do employees use personal vehicles for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do any employees work from home? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of employees who live/work out of state: Live: Work:	
Any out-of-state, international or overnight (within state) travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:	
Why/purpose?			
Who will travel?		Where?	
Duration?		Frequency?	
No. of employees: (verify number is consistent w/ number on ACORD application)		Volunteers:	
Full:		Seasonal:	
Part:			
No. of employees per location:	1.	2.	3. 4.
Average annual employee turnover: _____%			No. of W-2s issued: Last Year: Previous Year:
How are employees paid? Hourly: <input type="checkbox"/> Piece rate: <input type="checkbox"/> Commission: <input type="checkbox"/> Flat Salary: <input type="checkbox"/> Other: <input type="checkbox"/>			
Any interchange labor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: __ Another business __ Subsidiary __ Between departments __ Other			

Any day laborers or temporary/employee leasing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% of union employees:	Average hourly wage for employees in governing class: \$
%of non-union:	Retirement/pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Group medical provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does employer contribute? <input type="checkbox"/> Yes <input type="checkbox"/> No
If group medical is provided, who is the healthcare provider?	
% of employees enrolled:	% paid by employer:
Do you have a wellness program (ie encourages and promotes employee health programs) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently participating in a MPN (Medical Provider Network)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the name of current MPN:	
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Return to Work Program (RTW) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of employees certified?	Does it include salary continuation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the ownership of the applicable entity changed within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	
HIRING PRACTICES - EMPLOYEE SELECTION - CLAIMS	
Written application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-hire drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Post-accident drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Background checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR checks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/post employment physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Audio hearing tests? <input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic back testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a formal written accident report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formal job descriptions on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average claim reporting time frame:	Are supervisors held accountable for injuries/accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is job specific training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the orientation: <input type="checkbox"/> Verbal only? <input type="checkbox"/> Verbal and Documented?
Employee to Supervisor ratio: <input type="checkbox"/> Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1	
Subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what purpose?
If yes, are certificates of insurance obtained and kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Independent contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what purpose?
If yes, how are they paid? <input type="checkbox"/> 1099s? <input type="checkbox"/> Other? Please explain.	
SAFETY PROGRAM AND ORGANIZATION - WORK PREMISES AND ENVIRONMENT	
Are owners active in daily operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they excluded from coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Active injury & illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Heat illness prevention program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Active safety incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has loss control services been performed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does it encompass all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Cal/OSHA visited/cited your business in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of incentive?	If yes, please provide explanation on separate page.
Do employees receive safety training/orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are safety meetings conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the training: <input type="checkbox"/> Formal / Documented <input type="checkbox"/> Informal	If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
Do you have a safety director or risk manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and title:
If yes, is the position full time or an additional responsibility of another employee?	
MSDS (Material Safety Data Sheets) available for all chemicals and products used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Any material handling exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Any lifting exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Forklift training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, <input type="checkbox"/> <25 lbs. <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+	If yes, annual certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 40+, manual lifting or with assistance? Explain:	
Is all machinery/equipment properly guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any use of Baler equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written lockout/tagout/blockout procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average
Respiratory program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age of equipment? <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20+
What is the maximum height in feet you will work?	Please see Contractors Section for further elaboration.
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A	If scaffolding used, does the insured build their own? <input type="checkbox"/> Yes <input type="checkbox"/> No
If insured builds own scaffolding, provide % of annual operations involving scaffold setup and teardown compared to total operations:	
Written Fall Protection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please see Contractors Section for further elaboration.
Are all equipment operators trained/ certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Personal protection equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the building/premises: <input type="checkbox"/> Owned <input type="checkbox"/> Leased?	If yes, strict enforcement of utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Condition of premises? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average	What types of PPE?
No. of years at current location?	Number of years of building occupied?

AUTOMOTIVE REPAIR / TOWINGAre you a member of an Association? Yes No If yes, provide list of Associations:Types of vehicles serviced: Private Passenger Motorcycles Commercial Vehicles >15K Gross Vehicle Weight Rating Motorhomes
 Buses Commercial Vehicles>25K Gross Vehicle Weight Rating Trailers All TerrainAny test driving of customer's vehicles? Yes NoAny transportation of customers provided? Yes No

If yes, what radius?

Services include tire repair/sales/installation? Yes No

If yes, amount of total operation ___% If above 10%, complete Tire Section.

Any transmission rebuilding? Yes No

What % of total operations? _____%

Any engine rebuilding? Yes No

What % of total operations? _____%

What equipment is utilized to lift heavier auto parts?

Are employees Automotive Service Excellence trained & certified? Yes No If yes, what percentage of total workforce? _____%

Number or percentage of Master Technicians on staff _____

Any mobile operations? Yes No

If yes, what percentage of total operation is mobile? _____%

Services include towing? Yes NoIf yes, is towing for Customers only? Highway Patrol? Municipalities? AAA? Other? If other, provide details:

What percentage of total operations involves towing ___%

What is towing radius? 50 miles 51-100 miles 101-250 miles +250milesTypes of vehicles towed: Private Passenger Motorcycles Commercial Vehicles >15K Gross Vehicle Weight Rating Motorhomes
 Buses Commercial Vehicles>25K Gross Vehicle Weight Rating Trailers All Terrain24 hours towing provided? Yes NoAre tow trucks equipped with scanners? Yes NoRoadside repair operations? Yes NoAre tow trucks equipped with GPS tracking? Yes No

Hours of roadside repair?

What percentage of total operations? _____%

Do drivers carry firearms? Yes NoAny accident scene recovery operations? Yes NoAny vehicle repossession operations? Yes NoAny underwater recovery? Yes No**AUTO BODY REPAIR**Are you a member of an Association? Yes No If yes, provide list of Associations:Types of vehicles serviced: Private Passenger Motorcycles Comm'l Vehicles >15K Gross Vehicle Weight Rating Motorhomes
 Buses Comm'l Vehicles>25K Gross Vehicle Weight Rating Trailers All TerrainAre employees Automotive Service Excellence trained & certified? Yes No If yes, what percentage of total workforce? _____%Is applicant an I-Car Gold Member? Yes No

What percentage of technicians are I-Car certified? _____%

Do you belong to a Direct Repair Program (DRP)? Yes No If yes, list endorsing insurance carriers:Paint booth used? Yes NoIs paint booth properly filtered/ventilated? Yes NoIs it UL certified? Yes NoAre flammables stored inside the booth? Yes NoFormal written respiratory program in place? Yes NoDoes the booth have automatic fire suppression? Yes NoAre employees properly trained in use of respiratory equipment? Yes NoHas proper fit testing been provided to each employee and their assigned respirator? Yes NoDo employees complete a medical evaluation questionnaire? Yes NoIf yes, is it reviewed by a physician? Yes NoAny mobile operations? Yes No

If yes, what percentage of total operation is mobile? _____%

Any test driving of customer's vehicles? Yes NoAny transportation of customers provided? Yes No

If yes, what radius?

Any towing services provided? Yes No If yes, please complete all towing-related questions in above section.

AUTO SERVICE STATION	
Are you a member of an Association? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide list of Associations:	
Pumps: Full Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Self Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do services include auto repair? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please complete above auto repair section.	
Is there a car wash on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it automated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cashier's booth bullet proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drop safe registers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any security/surveillance cameras on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are operations 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a mini market on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any sales of alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to freeway? <input type="checkbox"/> 0-1 mile <input type="checkbox"/> 1-2 miles <input type="checkbox"/> +2 miles	
Any mobile operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what percentage of total operation is mobile? _____%	
AUTO PARTS	
Are you a member of an Association? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide list of Associations:	
Be sure to complete delivery/driving exposure questions on page 1 of this supplemental application.	
Gross receipts wholesale? _____%	Gross receipts retail? _____%
Any assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Is product palletized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Max weight lifted manually? _____lbs	Lifting exposure or repackaging? <input type="checkbox"/> Yes <input type="checkbox"/> No
Use of forklifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are operators trained & certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
List other mechanical devices for lifting:	
TIRE SERVICE	
Are you a member of an Association? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide list of Associations:	
Types of vehicles serviced: <input type="checkbox"/> Private Passenger <input type="checkbox"/> Motorcycles <input type="checkbox"/> Commercial Vehicles >15K Gross Vehicle Weight Rating <input type="checkbox"/> Motorhomes <input type="checkbox"/> Buses <input type="checkbox"/> Commercial Vehicles>25K Gross Vehicle Weight Rating <input type="checkbox"/> Trailers <input type="checkbox"/> All Terrain	
Any mobile operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage of total operation is mobile? _____%
Any retreading operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any recapping operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Split rim servicing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are tire safety cages utilized when inflating? <input type="checkbox"/> Yes <input type="checkbox"/> No
Max weight lifted manually? _____lbs	Use of forklifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are operators trained & certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
AUTO DISMANTLING	
Are you a member of an Association? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide list of Associations:	
Types of vehicles dismantled: <input type="checkbox"/> Private Passenger <input type="checkbox"/> Motorcycles <input type="checkbox"/> Commercial Vehicles >15K Gross Vehicle Weight Rating <input type="checkbox"/> Motorhomes <input type="checkbox"/> Buses <input type="checkbox"/> Commercial Vehicles>25K Gross Vehicle Weight Rating <input type="checkbox"/> Trailers <input type="checkbox"/> All Terrain	
Are vehicle tanks drained of gas and other automotive fluids at time of vehicle arrival at facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who removes air bags?	If insured's employees, is any special training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any vehicle crushing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any stacking of vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide max height of stacking _____ft.
Any dogs on premises for security or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details:	
Any welding performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, you must complete the Welding Exposure Supplemental App and include it with your submission. Visit ArrowheadGrp.com for the form >>	
Use of forklifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are operators trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
List other mechanical devices for lifting:	

Thank you.