

# ADDENDUM A

## SERVICE STATION/GARAGE/TIRE DEALER QUESTIONNAIRE

09.24.2009 Edition

NAMED INSURED: \_\_\_\_\_

EFF DATE: \_\_\_\_\_ BRAND OF GAS: \_\_\_\_\_

**1. If Service Station, does the station offer:**

- A. Towing? Yes [ ] No [ ]
- B. Roadside Repair? Yes [ ] No [ ]
- C. Vehicle Rentals (Cars, U-haul Rental, Ryder)? Yes [ ] No [ ]
- D. Split Rim Work? Yes [ ] No [ ]
- E. Employee attended car wash? Yes [ ] No [ ]
- F. Company owned autos used by employees? Yes [ ] No [ ]
- G. Propane: Filling? Yes [ ] No [ ] Switch out? Yes [ ] No [ ]

**2. If open 24 hours:**

- A. Does the attendant booth have shatter resistant glass with a pass-thru window? Yes [ ] No [ ]
- B. Are there rules requiring the shatter resistant glass to be locked after certain hours? Yes [ ] No [ ]  
If yes, what are the hours? \_\_\_\_\_
- C. Are there restroom facilities available to employees located inside the mini-mart/convenience store? Yes [ ] No [ ]  
If no, how many employees are working the graveyard shift? \_\_\_\_\_
- D. Are employees instructed to lock down the mini-mart/convenience store access to customer traffic after certain hours prior to using the restroom facilities? Yes [ ] No [ ]
- E. Are signs posted stating that employees have no access to the safe? Yes [ ] No [ ]
- F. Is there a panic button/robbery alarm? Yes [ ] No [ ]
- G. Are there surveillance cameras? Yes [ ] No [ ]
- H. Number of robberies in the last 5 years? \_\_\_\_ Please provide details: \_\_\_\_\_

**3. If garage or tire dealer:**

- A. Off premises operations? If yes, percentage % \_\_\_\_ Describe: \_\_\_\_\_ Yes [ ] No [ ]
- B. Driving exposure other than test driving? If yes, describe: \_\_\_\_\_ Yes [ ] No [ ]  
How many drivers? \_\_\_\_ MVR's Checked? Yes [ ] No [ ]
- C. Employees on 24 hour call? If yes, please describe: \_\_\_\_\_ Yes [ ] No [ ]
- D. Do employees lift over 50 lbs? If yes, please describe: \_\_\_\_\_ Yes [ ] No [ ]  
Usual weight lifted? \_\_\_\_ Average weight lifted? \_\_\_\_
- E. Any service employees not wearing protective gear? If yes, why? \_\_\_\_\_ Yes [ ] No [ ]

**4. Car washes:**

- A. Full service? Yes [ ] No [ ]
- B. Self service (not wand type)? Yes [ ] No [ ]
- C. Utilize independent contractor to service the car wash equipment? Yes [ ] No [ ]  
If yes, are certificates of insurance obtained? Yes [ ] No [ ]  
If no, how is car wash equipment serviced and & maintained? \_\_\_\_\_
- D. Any use of hydrofluoric acid products (spoke & wheel cleaner)? Yes [ ] No [ ]

**5. General Information:**

- A. Hours of operation? \_\_\_\_\_
- B. Total Gross Sales (include all profit centers): \$ \_\_\_\_\_ Mini mart sales only? \$ \_\_\_\_\_
- C. Total payroll: \$ \_\_\_\_\_ Mechanics payroll: \$ \_\_\_\_\_
- D. Mini-Mart/Convenience store operation? Yes [ ] No [ ]
- E. Pre-employment application used? Yes [ ] No [ ]
- F. References checked? Yes [ ] No [ ]
- G. Starting wage for service employees: \_\_\_\_\_ Average service wage: \_\_\_\_\_
- H. Group health plan? Yes [ ] No [ ]  
If Yes, name of Health Care provider? \_\_\_\_\_  
Percentage of employees participating? \_\_\_\_% Percentage of employer contribution? \_\_\_\_%

A formalized safety program is expected for all operations. If the following conditions are met, please submit for a quick quote:

- 1. All questions in 1 & 3 are answered "No". 3. At least one answer to 2C is "Yes".
- 2. Questions 2A and 2B are answered "Yes". 4. At least 2 of questions 2D-E-F, & G are answered "Yes".

Agency Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_