



ADDENDUM A
SERVICE STATION/GARAGE/TIRE DEALER QUESTIONNAIRE
10 July 2014 Edition

Named Insured: _____

Effective 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 []
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? _____
c. Employees on 24 hour call? If yes, 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? _____ to _____
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 applications used? YES [] NO []
f. References checked? YES [] NO []
g. Starting wage for service employees: \$ _____ Average service wage: \$ _____
h. Group health plan? If Yes, name of Health Care provider? _____ YES [] NO []
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"
2. Questions 2A & 2B are answered "YES"
3. Answer to 2C is "YES"
4. At least 2 of questions 2D-E-F & G are answered "YES"

Agency Name/Signature: _____

Date: _____