



SERVICE STATION/GARAGE-TIRE DEALER/CAR WASH/AUTO PARTS QUESTIONNAIRE

September 2019 Edition

Named Insured: _____ Brand of Gas: _____ Effective Date: _____

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? _____
How many employees are working the graveyard shift? _____
c. Are there restroom facilities available to employees located inside the mini-mart/convenience store? YES [] NO []
d. Is the store locked down 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 (Towing, Roadside Repair Assistance)? YES [] NO []
If yes, Describe: _____ what percentage of receipts? ____ % YES [] NO []
b. Driving exposure other than test driving? YES [] NO []
If yes, Describe: _____ Number of drivers? ____
MVR's checked? YES [] NO []
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. Total Annual Receipts? _____ Tires Sales Receipts? _____

4. CAR WASHES:

- a. Full service? YES [] NO []
b. Self service Drive Thru (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. AUTO PARTS:

- a. Total Gross Sales? _____ Retail Sales? _____ Wholesale Sales? _____
b. Incidental machining? If yes, % of total receipts? ____ % YES [] NO []
Insured removes? YES [] NO []
Customer brings in parts to be machined? YES [] NO []
c. Common Carrier Delivery: ____ % Insured Delivery: ____ % If Insured Delivery, Radius of operations? ____ miles

6. GENERAL INFORMATION:

- a. Hours of operation? _____ to _____
b. Total Gross Sales (All profit centers): _____ Mini-Mart sales only? _____ Liquor Receipts?
c. Total payroll: _____ Mechanics payroll (If applicable) _____
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" 3. Answer to 2C is "YES"
2. Questions 2A & 2B are answered "YES" 4. At least 2 of questions 2D-E-F-G-H are answered "YES"

Agency Name/Signature: _____

Date: _____