



Auto Service Supplemental

1. Hours of operation:
 - Open after 6:00 pm Yes No
 - Open after 9:00 pm Yes No
 - Open after Midnight Yes No
2. What percentage of the mechanics are ASE Certified? _____
3. Does the insured do any tire sales, service and repair? Yes____ No____
If yes, what percent of the operation?
4. Does the insured do any tire recapping? Yes____ No____
5. Work performed:
 - a. Mechanical repair: Yes No
 - b. Body work: Yes No
 - c. Painting: Yes No
 - d. If yes, do you have an OSHA approved spray booth? Yes No
 - e. New car sales: Yes No
 - f. Used car sales: Yes No
 - g. Mobile homes – sales or installation: Yes No
 - h. Motorcycle or watercraft sales or services: Yes No
 - i. Racing Events Repair: Yes No
 - j. Large Truck Repair: Yes No
 - k. Delivery of vehicles to/from dealerships: Yes No
 - l. Firearms on premises: Yes No
 - m. Auto Repossession: Yes No
 - n. Auto impound yard: Yes No
6. Are employees required to use personal protective equipment?
 - a. Safety glasses Yes No
 - b. Respirators Yes No
 - c. Hearing protection Yes No
 - d. Other _____
7. Any towing operations? Yes____ No____ If yes, what percent of the operation is towing?
8. Does the insured do any towing for others? Yes____ No____
8. Any roadside assistance provided? Yes____ No____ If yes, what percent of work is roadside?
9. # Full time employees: _____ # Part-time employees: _____

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: _____
Print Name / Title

Signature: _____ Date: _____