

Name of Applicant:  
Quote / Policy Number:  
Completed By:  
Date:

## Auto Dealers Supplemental Questionnaire

How many years has the applicant been in business? \_\_\_ years

Description of the Business (check all that apply):  
New and used car sales and service   
New and used car and truck sales and service   
Truck sales and service only   
Used car sales only   
Used car sales and service

Describe the make of vehicles sold:

Do any employees take dealer cars home?  No  Yes

How many dealer plates are there?

Do employees accompany customers on test drives?  No  Yes

Are there any towing operations/roadside assistance?  No  Yes – If yes, any 24 hour on-call?  No  Yes

Is there a body shop?  No  Yes - If yes, is an approved spray booth in place?  No  Yes

Please provide a number of employees in each of the following departments:  
\_\_\_ Sales      \_\_\_ Service  
\_\_\_ Body Shop      \_\_\_ Service Writers  
\_\_\_ Porters      \_\_\_ Parts Dept.

Is there any parts delivery?  No  Yes  
• If yes, what parts are being delivered?  
• If yes, what is the radius of delivery? \_\_\_ miles

Are there any employees in a union?  No  Yes

What is the average wage per hour? \$\_\_\_

Is there a safety program?  No  Yes – If yes, please explain:  
If applicable, is there a franchise safety program?  Yes  Not Applicable

Are employees health plans provided to employees?  No  Yes  
• If yes, to which employees?  
• If yes, what percentage is paid by the employer? \_\_\_%

Would the insured be willing to comply with light duty work?  No  Yes  
Would the insured need assistance with identifying light duty job assignments?  No  Yes

In addition to all of the above information, please also provide the following:

- Who transports the vehicles to and from auction houses or dealer trades?
- How many drivers? Radius? How many and what type of vehicles are used?
- Any drivers under 21 or over 65 yrs old?
- Driving criteria in place?

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