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?