



The Brokers Preferred Wholesale Solution

Workers' Comp - Automotive Service & Repair

For a complete submission, please include the following information:

- ACORD Application 130
- Business FEIN #
- Supplemental Application
- 4 Years Currently Valued Loss History Regardless of Lapse in Coverage
 - If lapsed, provide date and reason
 - For new venture, provide date of first employee hire (loss runs not required)

If you don't see what you need or have any questions, please email your underwriter: Darby@CIDinsurance.com

CID Insurance Programs Inc. DBA CID Insurance Services

Automotive Supplemental Application (To be Completed with Acord 130 application)

Named Insured: _____ Insured's FEIN: _____

Is there a driving/delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Radius of operations/travel: <input type="checkbox"/> <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+
If yes, what is frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____	Any group transportation of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a PUC/DMV filing required? <input type="checkbox"/> PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A	If yes, how provided? <input type="checkbox"/> car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus
Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of employees transported per vehicle _____
If yes, types of vehicles: _____	# of vehicles used to transport _____
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
# Of vehicles? _____ # Of drivers? _____	Any test driving of customers' vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle/fleet maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any transportation of customers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any towing services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any road repair assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, any contract towing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, 24 hour exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Does the insured handle or use any highly corrosive or explosive materials? Yes No
2. Does all machinery have proper guarding and any required lockout/tagout systems? Yes No
3. Does the insured have any employees that drive more than 10% of the time? Yes No
 - a. Are MVRs for all drivers reviewed by the insured or the insured's commercial auto insurer? Yes No
 - b. Does the insured have a vehicle inspection and maintenance program in place? Yes No
 - c. Do 4 or more employees ever travel in a vehicle at the same time? Yes No
4. Does the insured have any off-premise, delivery, or installation operations? Yes No
5. Does the insured conduct repossession, automobile dismantling or crushing, split rims, tire recapping, and/or retreading operations? Yes No
6. Do employees participate in roadside assistance or repair? Yes No
7. Do employees of the insured work on motorcycles? Yes No
8. Does the insured have any operations after 2AM? Yes No

Note: All information provided for the purpose of securing insurance coverage is subject to underwriting verification, an underwriting survey and/or inspection. You must notify us of any significant change in operations or payroll. Terms may be rescinded, or coverage cancelled if any person knowingly conceals information, and/or provides any inaccurate or materially false information for the purpose of obtaining insurance coverage.

Signature of Applicant: _____ Date: _____