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Wilkes-Barre, PA 18703-0020
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Workers' Compensation Supplemental Application: Auto Dealer / Auto Service

Policyholder Name: _____

Policy Number (if application is for a renewal): _____

Web Site Address (if applicable): _____

Agency Name: _____

Complete answers to the following questions will help us gain a better understanding of this business's operations. Thank you!	
Will the employer consider temporary modified-duty and/or alternative-job assignments to assist ill/injured employees in staying at or returning to work?	❑ Yes ❑ No ❑ N/A
Does the employer have a written Safety Program in place?	❑ Yes ❑ No ❑ N/A
Does the employer have regular safety meetings?	❑ Yes ❑ No ❑ N/A
What are the employer's sources for hiring new employees?	
What are the business's hours of operation?	
Are salespeople provided with demonstrator model vehicles? If yes, cite the usual number of vehicles provided. _____	❑ Yes ❑ No ❑ N/A
Are any contracts for towing or emergency road service in force?	❑ Yes ❑ No ❑ N/A
Is any spray painting performed? If yes, is this service subcontracted? If no, is an OSHA-approved booth used?	❑ Yes ❑ No ❑ N/A ❑ Yes ❑ No ❑ N/A ❑ Yes ❑ No ❑ N/A
Is the building/shop properly ventilated?	❑ Yes ❑ No ❑ N/A
Does this operation include a full- or self-service gas station? If yes, identify which. _____ Full Service _____ Self Service	❑ Yes ❑ No ❑ N/A
Does the business provide a car wash service?	❑ Yes ❑ No ❑ N/A
Is any repair work done on vehicles other than automobiles and light trucks?	❑ Yes ❑ No ❑ N/A
Describe any unusual exposures/controls for this business.	

Fraud Notice

Applicable in Tennessee and Vermont: It is a crime to knowingly provide false, incomplete or misleading information to any party to a Workers' Compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties. (Specific language not applicable in CO, FL, HI, MA, NE, OH, OK, OR, TN, or VT; in DC, LA, ME, VA, and WA, insurance benefits may also be denied.)

I am an authorized representative of the applicant and certify that reasonable enquiry has been made to obtain the correct coverages, rating values and answers to questions included in this application. I certify that the answers are true, correct and complete to the best of my knowledge.

_____ _____ _____
Signature Print Name Date