

## HARTFORD ADDITIONAL UNDERWRITING QUESTIONS FOR

**Spectrum Class Code: 46461**  
**Class Description: General Automotive Repair**

**Please complete ALL 7 pages and submit with application.**

1. Are all employees given appropriate training in how to act in the event of a robbery?  
 Yes  No

If the answer is "no", please explain:

2. If Extended Broad Form coverage is requested, are any employees involved in work on or near navigable waterways?  
 Yes  No

If the answer is "yes", please describe operations on or near waterways:

3. How many years of management experience in the Auto Services Industry doe the owner have? \_\_\_\_

4. Is the owner of the business on-site to manage daily operations?  
 Yes  No

5. Is there a full-time manager with a minimum of 3 years experience in business on-site to manage operation at all locations?  
 Yes  No

6. How often does the owner visit and meet with the manager?  
 Daily  Weekly  Monthly  Other  No Visits

7. Is there a full-time manager at the location?  
 Yes  No

8. Is there a full-time manager at each location?  
 Yes  No

9. What percentage of mechanics/employees are professionally certified?  
 Less than 25%  25-50%  51-75%  Greater than 75%

10. What percentage of mechanics/employees have less than 1 year experience?  
 Less than 25%  25-50%  51-75%  Greater than 75%

11. What percentage of mechanics/employees have more than 1 but less than 5 years experience?  
 Less than 25%  25-50%  51-75%  Greater than 75%

12. What percentage of mechanics/employees have 5+ years of experience?  
 Less than 25%  25-50%  51-75%  Greater than 75%

Email to [clahna@massagent.com](mailto:clahna@massagent.com) or fax to (508) 634-2930  
Colleen Lahna, WC Department, Number One Insurance Agency

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13. Check all the types of vehicles on which the insured performs services:

- ATVs
- Boats
- Construction equipment
- Light trucks (up to 10,000 lbs. gross vehicle weight)
- Medium trucks (10,001- 20,000 lbs. gross vehicle weight)
- Heavy trucks (over 20,000 lbs. gross vehicle weight)
- Motorcycles
- Private passenger autos (PPTs)
- RVs
- Snowmobiles
- Other Vehicles

If other is selected, provide the other types of vehicles on which services are performed:

14. What controls does the insured require when repairing brakes? (check all that apply)

- Use of HEPA filter on/around brake assembly
- Use of respirator
- Wet down brakes prior to work
- Other
- No controls are in place
- No brake work performed

If other is selected, provide description of other controls in place:

15. Does the insured perform roadside service?

- Yes  No

16. Does insured dismantle automobiles or operate a scrap yard?

- Yes  No

17. Does the insured sell automotive fuels? (excluding fuel additives or oils)

- Yes  No

18. Does the insured perform towing services?

- Yes  No

19. Does the insured sub-contract towing?

- Yes  No

20. Are certificates of insurance obtained from sub-contractors?

- Yes  No

21. Check all types of towing that apply to services performed by the insured:

- AAA
- 24 hours
- Police request
- Towing vehicles for other than customers
- Towing only vehicles repaired by insured
- Vehicle repossession
- Other

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22. How many tow trucks does the insured operate? \_\_\_  
If more than one, explain why insured's business operates more than one tow truck:
23. Please provide driver name of all employees that may operate tow truck(s).
24. Are any tow trucks rated at 26001 lbs. or higher?  
If yes, do drivers have Commercial Drivers License?
25. If no Commercial Drivers License, explain why not:
26. Does the insured annually review MVRs for employees that operate vehicles?  
\_\_\_ Yes \_\_\_ No
27. Does the insured have a formal safety procedure in place and enforced when moving vehicles (in/out of bays)?  
\_\_\_ Yes \_\_\_ No  
Explain:
28. Indicate which of the following safety options are included and enforced. (Check all that apply)  
\_\_\_ Honking horn  
\_\_\_ Alarm bells on bay doors activated when open  
\_\_\_ Other  
Describe other safety options in place and enforced:
29. Are employees or insured involved in sponsored racing?  
\_\_\_ Yes \_\_\_ No
30. Indicate which of the following are addressed in the insured's formal, daily housekeeping policy.  
(Check all that apply)  
\_\_\_ All flammable/combustible materials are stored in approved containers  
\_\_\_ Fluid spills are treated immediately  
\_\_\_ Smoking is prohibited in work area  
\_\_\_ Hoses are recoiled or automatically retracted when not needed  
\_\_\_ Tools and equipment are clean and put away at night  
\_\_\_ All of the above  
\_\_\_ None of the above

Explain why approved containers are not utilized.

Provide details on how flammable/combustible materials are stored.

Explain why fluid spills are not treated immediately. Provide time frames in which spills are treated.

Explain why smoking is not prohibited in work areas.

Explain why hoses are not recoiled or automatically retracted when not needed.

Explain why tools are not cleaned and put away at night.

31. Indicate how often floors are stripped and cleaned  
\_\_\_ Daily  
\_\_\_ 2-3 times per week  
\_\_\_ Once a week  
\_\_\_ Other  
If once a week is selected, explain why floors are not cleaned more often:  
  
If other is selected, indicate how often floors are stripped and cleaned:

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32. Has the insured had previous losses related to housekeeping?  
If yes, provide description of the losses and corrective action take to prevent recurrence.
33. Which of the following are included in the insured's hiring procedures? (Check all that apply)
- Drug testing
  - Physical Exam
  - Reference checks
  - Written application
  - None of the above
- If written application is not required, explain why not:
34. Does the insured require and enforce the use of eye protection for all relevant operations?  
If not, explain why not.
35. Does the insured have a disciplinary policy in place for violations of safety procedures?  
 Yes  No
36. What is the maximum height insured's employees work at or retrieve material? \_\_\_\_  
a) How often per week do employees work at this level? \_\_\_\_  
b) Explain  
c) Are straight, folding, or rolling ladders used? If no, explain.
37. Does the insured have open pits on premise?  
 Yes  No
38. What types of safety precautions are taken to eliminate potential falls into open pits? (Check all that apply)
- Use of nets
  - Use of rails
  - Use of boards
  - Other
  - No safety precautions
- If other, describe the other safety precautions:
39. Does the insured perform any type of body work on vehicles?  
 Yes  No
- If body work is done on vehicles, does the insured have a spray booth? If yes, is the spray booth UL approved?
40. Are workstations ergonomically designed at all locations?  
 Yes  No
- If work stations are not ergonomically designed at all locations, please explain.

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41. Are all employees provided with training/education on ergonomic issues?

Yes  No

If all employees are not provided with training/education on ergonomic issues, please explain.

42. Is manufacturers' safety guarding in use on all machinery and/or equipment at all locations

Yes  No

If manufacturers' safety guarding is not in use on all machinery and/or equipment at all locations, please explain.

43. Do all employees use personal protective equipment as required by OSHA or applicable state regulations?

Yes  No

If all employees do not use person protective equipment as required by OSHA or applicable state regulations, please explain.

44. Are there formal, written safety/training programs in place at all locations?

Yes  No

If there is no formal, written safety/training program in place, and the insured has 15 or more employees, explain:

45. Does insured conduct periodic safety meetings for all employees at all locations?

Yes  No

If "no", please explain:

46. Are new hires provided with appropriate supervised training in the operation of machinery or equipment at all locations?

Yes  No

If "no", please explain:

47. Is the insured's machinery/equipment maintained and inspected in accordance with manufacturers' specifications at all locations?

Yes  No

If the answer is "no", please explain.

48. If the insured is a manufacturer, do they have a lock-out/tag-out program in place?

Yes  No

If "no", please explain.

49. What lifting and material handling controls are used? (Select all that apply)

Support bells

Team lifting where needed

Mechanical devices (handtrucks, forklifts, hoists, etc)

Liftgates on vehicles

Body mechanics/lifting training

None – majority of items < 40 lbs.

Other

If "other" was selected, please describe the lifting and material handling controls used.

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50. Insured's loss prevention controls include (select all that apply)

- Insured has a written safety program
- There is a preventive maintenance program in place for tools and equipment
- A formal lockout/tag out program is in place for machinery
- Machines and tools are properly guarded
- Management is focused on safety and takes an active role in ensuring standards are adhered to
- Insured has a documented vehicle preventive maintenance program
- Other
- None of the Above

51. Other than moving vehicles on the premises or test driving customers' vehicles, does the insured or their employees operate vehicles in conducting business?

Yes  No

52. Driver information (name, dob, lic number) is required for all drivers:

53. Does the insured have more than 50% interest in any other business?

Yes  No

If the insured does have more than 50% interest in another business, is the other business listed as a named insured in this submission?

If the other business is not listed as a named insured in this submission, is it insured elsewhere?

If the other business is not insured elsewhere, explain why the business is not insured.

If the other business is insured elsewhere, is there an interchange of labor?

If there is no interchange of labor, provide the insured's other policy number, carrier and effective dates.

If the other business is listed as a named insured in this submission, are the appropriate payrolls and classes included in the submission?

If the appropriate payrolls and classes are not included, please explain why the exposures for the other business are not included in this submission.

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54. How many years of management experience in the trade does the business owner have?
55. How was the business started?
- Purchased
  - Transfer of ownership
  - Inherited
  - New Start-up/New Venture
56. Please check all types of managerial experience in the trade in which the insured has engaged.
- Negotiating contracts with clients
  - Owned another business previously
  - Running Payroll
  - Bidding on jobs
  - Job site supervision
  - Other HR duties
  - Accounts Payable/Receivable
  - Supervising sub-contractors
  - Hiring Employees
57. Please comment on any other information regarding the insured's experience we should consider in our underwriting decisions.
58. Explain other loss preventive controls in place.