



K2 Specialty - Dealer Insurance

WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Hello@K2Dealerins.com 516-200-6314 www.k2dealerins.com

GENERAL INFORMATION				Effective Date	
Company Name					
Business Address					
Website Address					
BUSINESS / OPERATION					
Projected Gross Receipts (current calendar year)	\$	% Vehicle Sales	% Service	% F&I	% Other
Year Business Started		Describe Operations			
Has ownership changed in past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the owner active in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the operation include a body shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the operation include auto rental?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the operation include towing or hauling?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the company sell motorcycles or ATV's	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the company a franchised dealership?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Current total number of employees (FT and PT)		Salespersons	Mechanics/Helpers	Clerical	
		Detail/Porters	Service Writers	Other	
Do salespersons accompany customers on test-drives?			Yes	No	
Is service work performed on commercial motor vehicles (GVW greater than 10,000 lbs)?			Yes	No	
Number of Demonstrators provided to Managers?		Number of Parts Trucks		Number of Tow Trucks	
Number of Demonstrators provided to Salespersons?		Number Shuttle Vehicles		Number of Car Haulers	
SAFETY MANAGEMENT					
Who oversees employee safety efforts within your company?		Name/Title: Email:			
Are their established/enforced minimum MVR criteria for any employee permitted to drive in the course of their employment?		Yes	No	Personal Protective Equipment Used by Employees Safety Glasses /Goggles Hard Hat / Bump Cap Hard-Toe Safety Shoes Hearing Protectors Respirator or Dust Mask Gloves	
Are routine safety meetings (or safety training) conducted?		Yes	No		
Is there an active drug-testing policy that includes mandatory post-accident drug-testing?		Yes	No		
Are there <u>written</u> safety rules that are effectively communicated with employees routinely?		Yes	No		
Is there a new-hire safety orientation process that effectively addresses the job hazards?		Yes	No		

To the best of my knowledge, all of the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or if information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information, the insurance company may send direct notice of cancellation.

Officer or Owner of Business

Date

Did you Include: Acord 130
 5 Years Currently Valued Loss Runs
 Experience Mod Worksheet (If Available)