



Salvage Yard Supplemental

Named Insured: _____
 Website: _____

Operations, Benefits & Hiring Practices

Detailed Description of Operations: _____

Hours of Operation: _____

Driving or Delivery Mileage % of Each:	<input type="checkbox"/> <50	<input type="checkbox"/> 50-100	<input type="checkbox"/> 100+	<input type="checkbox"/> N/A
Are Routes Scheduled/Routine:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Group Transportation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, # of Employees: _____	
Are Vehicles Company Owned:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, by who: _____	
Vehicle Maintenance Program:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Distracted Driving policy in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Drivers Training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Overnight Travel by Employees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, frequency: _____	
Employees (# of Each):	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Volunteers
How are Employees Paid:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Commission	<input type="checkbox"/> Salary	<input type="checkbox"/> Other
Average Hourly Wage: \$				
Benefits Offered (check all that apply):	<input type="checkbox"/> Paid Sick Time	<input type="checkbox"/> Paid Vacation	<input type="checkbox"/> 401k	<input type="checkbox"/> Retirement
Group Health Coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, % paid by employer: _____	
Pre Hire (check all that apply):	<input type="checkbox"/> Written Application	<input type="checkbox"/> Reference Checks	<input type="checkbox"/> Physicals	<input type="checkbox"/> Post Accident
Drug Testing (check all that apply):	<input type="checkbox"/> Pre-Hire	<input type="checkbox"/> Random		
MVR Checks (check all that apply):	<input type="checkbox"/> Pre-Hire	<input type="checkbox"/> Annually		
Criminal Background Checks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Return-To-Work/Light Duty Available:	<input type="checkbox"/> Formal/Written	<input type="checkbox"/> Informal/Verbal		
Average Annual Turnover:				
Subcontractors Used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what % of payroll _____	
Are COIs Obtained for Subs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Day Laborers or Employee Leasing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Safety Program & Organization

Safety Program in Place:	<input type="checkbox"/> Formal/Written	<input type="checkbox"/> Informal/Verbal		
Safety Training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Documented	<input type="checkbox"/> Verbal
Safety Meetings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
Lifting Exposures:	<input type="checkbox"/> <25lbs	<input type="checkbox"/> 25-40lbs	<input type="checkbox"/> 40+lbs	
Machinery Guarded & Maintained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Lockout/Tagout:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Materials Properly Stored: (Gasoline, Fluids, Etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Provide Details _____	
Forklifts Used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, annual certifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Maximum Depth in Feet:	_____			
Maximum Height in Feet:	_____			
If heights, what is used:	<input type="checkbox"/> Ladder	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Other
If other, please describe:	_____			
Type(s) of Fall Protection:	_____			
List all Personal Protective Equipment:	_____			
Premises Safety in Place for Buyers: (Do Employees Assist the Buyers with picking parts, etc.)	_____			
Towing Services:	<input type="checkbox"/> Yes, Details Below	<input type="checkbox"/> Sub-Contracted	<input type="checkbox"/> No	
Provide: % of Operations, Distance, Etc.	_____			
Roadside Assistance:	<input type="checkbox"/> Yes, Details Below	<input type="checkbox"/> Sub-Contracted	<input type="checkbox"/> No	
Provide: % of Operations, Type, Etc.	_____			
Vehicle Crushing:	<input type="checkbox"/> Yes, Details Below	<input type="checkbox"/> Sub-Contracted	<input type="checkbox"/> No	
Provide: % of Operations, Frequency, Etc.	_____			
Vehicle Stacking:	<input type="checkbox"/> Yes, Details Below	<input type="checkbox"/> Sub-Contracted	<input type="checkbox"/> No	
Provide: % of Operations, Height, Etc.	_____			

****Please Provide a Complete List of Owned or Leased Vehicles****

Affirmation

The undersigned acknowledges and understands the information provided herein will be used to evaluate the applicant and a decision as to whether the applied to insurance company will offer workers' compensation insurance will be made, in part, based on the information provided. Signature below indicates the information provided is true and correct. This Supplemental Application must be signed by a principle, owner or partner of the entity applying for insurance.

Owner/Officer Signature: _____ Date: _____