

## Auto Shop/Auto Dealer EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

<b>Completed By:</b>	<b>In addition to the supplemental Information, please attach the following if applicable:</b> <ul style="list-style-type: none"> <li>• 3 to 5 Year Currently Valued Loss Runs</li> <li>• Associated Premium Figures</li> <li>• Experience Rating Worksheet</li> </ul>
<b>Title:</b>	
<b>Date:</b>	

General Information																
<b>Company Name:</b>	<b>FEIN:</b>															
<b>Number of years experience in this industry:</b>	<b>Number of years managing in this industry:</b>															
<b>Business Operations:</b> (Please check all that apply) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Auto Body</td> <td><input type="checkbox"/> Heavy Truck/Special Equipment</td> <td><input type="checkbox"/> Tire Repair/Sales</td> </tr> <tr> <td><input type="checkbox"/> Auto Dealership</td> <td><input type="checkbox"/> Marketing/Vehicle Wrapping</td> <td><input type="checkbox"/> Vehicles Customization</td> </tr> <tr> <td><input type="checkbox"/> Auto Parts Sales</td> <td><input type="checkbox"/> Mechanic/Repair Shop</td> <td><input type="checkbox"/> Windshields/Repair</td> </tr> <tr> <td><input type="checkbox"/> Car Wash</td> <td><input type="checkbox"/> Mobile Car Wash</td> <td><input type="checkbox"/> Window Tinting</td> </tr> <tr> <td><input type="checkbox"/> Electronic Installation</td> <td><input type="checkbox"/> Painting</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Auto Body	<input type="checkbox"/> Heavy Truck/Special Equipment	<input type="checkbox"/> Tire Repair/Sales	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Marketing/Vehicle Wrapping	<input type="checkbox"/> Vehicles Customization	<input type="checkbox"/> Auto Parts Sales	<input type="checkbox"/> Mechanic/Repair Shop	<input type="checkbox"/> Windshields/Repair	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Mobile Car Wash	<input type="checkbox"/> Window Tinting	<input type="checkbox"/> Electronic Installation	<input type="checkbox"/> Painting	<input type="checkbox"/> Other: _____
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<b>What is the radius of operations?</b> Usual _____ Maximum _____																
<b>Are any operations performed away from the applicant's location?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>What percentage of sales is associated with wholesale or retail auto part sales?</b> <input type="checkbox"/> Wholesale _____% <input type="checkbox"/> Retail _____% <input type="checkbox"/> N/A																
<b>Is towing services provided?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, is towing offered to the public or for clients only?</b> <input type="checkbox"/> Public <input type="checkbox"/> Clients <b>Is towing offered 24/7?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Is a courtesy shuttle offered to customers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Does the insured perform auto painting operations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Do the employees work in open pits, use lifts, and/or use jacks while servicing vehicles?</b> <input type="checkbox"/> Open Pits <input type="checkbox"/> Lifts <input type="checkbox"/> Jacks <input type="checkbox"/> Other: _____																

**Do employees perform miscellaneous job duties when business is slow ? (i.e. building maintenance)**

☐ Yes ☐ No

**If yes, please describe:**

**What is the number of company owned vehicles?** \_\_\_\_\_ ☐ N/A

**Are employees allowed to take company vehicles home?** ☐ Yes ☐ No

**Is group transportation of employees provided (4 or more per vehicle)?** ☐ Yes ☐ No

**If yes, how often?** ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: \_\_\_\_\_

**Are CDL licenses required?** ☐ Yes ☐ No **If yes, are they verified annually?** ☐ Yes ☐ No

## Employee Information

**How many employees are on staff:** Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**How are employees paid?**

(Please Check All That Apply):

☐ W-2's ☐ 1099's ☐ Cash ☐ Other: \_\_\_\_\_

**What percentage of the work is subcontracted?** \_\_\_\_\_%

**If subcontractors are used, are Certificates of Insurance obtained?** ☐ Yes ☐ No

\* Please note: Premiums must be paid on uninsured subcontract labor \*

**If certificates are not obtained, what amount of payroll should be added for contract labor?**

- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_
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**Please check all hiring practices utilized by the applicant:**

- |                                                 |                                                   |
|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Applicant Interviews   | <input type="checkbox"/> Post-Offer Physicals     |
| <input type="checkbox"/> Background Check       | <input type="checkbox"/> Reference Checks         |
| <input type="checkbox"/> Drug Testing/Screening | <input type="checkbox"/> New Employee Orientation |
| <input type="checkbox"/> Medical Questionnaires | <input type="checkbox"/> Other: _____             |

## Auto Dealership Operations

How many locations are owned by the applicant? \_\_\_\_\_

Do operations include a parts department? ☐ Yes ☐ No

Do operations include a service department? ☐ Yes ☐ No

List states traveled to, the frequency and the percentage of revenue for each state:

States	Frequency of Travel (Per Month)	Percentage of Revenue by State

Do employees perform security guard job operations? ☐ Yes ☐ No

If yes, are the employees armed? ☐ Yes ☐ No

Are animals used for security guard purposes? ☐ Yes ☐ No

## Safety Information

Is a safety program utilized in the workplace? ☐ Yes ☐ No If yes, is the program? ☐ Written ☐ Verbal

**Does the safety program address/include:**

(Please Check All that Apply)

- |                                                                 |                                                             |
|-----------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Accident/Injury Investigation          | <input type="checkbox"/> Safety Committee/Safety Officer    |
| <input type="checkbox"/> Lock Out/ Tag Out Procedures           | <input type="checkbox"/> Safety Data Sheets (SDS)           |
| <input type="checkbox"/> Machine Guards (including power tools) | <input type="checkbox"/> Safety Incentive Program           |
| <input type="checkbox"/> Onsite Supervisor                      | <input type="checkbox"/> Safety Orientation                 |
| <input type="checkbox"/> Personal Fall Protection               | <input type="checkbox"/> Substance Abuse Awareness Training |
| <input type="checkbox"/> Progressive Disciplinary Action Plan   | <input type="checkbox"/> Third Party Safety Company         |
| <input type="checkbox"/> Return to Work Program                 | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Routine Safety Inspections             |                                                             |

**Please check all OSHA guidelines that apply:**

- |                                                          |                                                        |
|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Confined Spaces                 | <input type="checkbox"/> Ventilation                   |
| <input type="checkbox"/> Chemical/Solvent Storage (GHCS) | <input type="checkbox"/> Signs, Signals and Barricades |
| <input type="checkbox"/> Fall Protection                 | <input type="checkbox"/> Other: _____                  |

**Does the safety driving program address/include:**

(Please check all that apply)

- |                                                                 |                                                        |
|-----------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Cell Phone Usage                       | <input type="checkbox"/> Progressive Disciplinary Plan |
| <input type="checkbox"/> Impaired/Aggressive/Distracted Driving | <input type="checkbox"/> Mandatory Seat Belt Usage     |
| <input type="checkbox"/> Initial and Routine MVR Checks         | <input type="checkbox"/> Vehicle Tracking Device       |

**Does the insured perform regular safety training?**    ☐ Yes    ☐ No

**If yes, identify the frequency:**

☐ Daily    ☐ Weekly    ☐ Monthly    ☐ Quarterly    ☐ Annually    ☐ Other: \_\_\_\_\_

**Does the insured hold regular tailgate/tool box safety meetings?**    ☐ Yes    ☐ No

**If yes, identify the frequency:**

☐ Daily    ☐ Weekly    ☐ Monthly    ☐ Quarterly    ☐ Annually    ☐ Other: \_\_\_\_\_

**Please identify the individual responsible for safety training and their title:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.