



All Risks WC Specialty Products
Motorcycle Dealer/Repair
Supplemental Application

Insured Name: _____

Insured Web Address: _____

Insured FEIN: _____

Payroll/Premium Information:

<u>Policy Year</u>	<u>Payroll</u>	<u>Premium</u>
4th Prior	\$	\$
3rd Prior	\$	\$
2nd Prior	\$	\$
1st Prior	\$	\$
Current	\$	\$

Business Operations:

Please provide a detailed description of the operation:

- 1. Any road side repair? Yes No
If yes, 24 hour exposure? Yes No
- 2. Any test driving of vehicles? Yes No
- 3. Any off premises or mobile services? Yes No
- 4. Do insureds' operations primarily consist of disassembly or recycling of used products? Yes No
- 5. Any operations performed on a racetrack or speedway? Yes No

6. Any painting operations? Yes No
If yes, is there a ventilated/filtered spray booth? Yes No
Do you have a written respiratory protection program? Yes No

7. Are Motor Vehicle Records (MVR) checked annually for all employees who drive as part of their job? Yes No

If yes, please clarify the following:

- MVR's verified at time of hire? Yes No
- MVR's verified every six months after hire? Yes No
- Copies of MVR's maintained in personnel files? Yes No

8. Have any of the drivers had a speeding violation in the last three (3) years? Yes No
If yes, please list how many. _____

9. Is there a formal safety program in place? Yes No

10. Is there a formal return to work/modified duty program in place? Yes No

11. Is a formal pre-hire drug testing program in place? Yes No

12. Is a formal post accident drug testing program in place? Yes No

*** The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify All Risks, Ltd. of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.*

Signature of Applicant:

Title: _____

Print Name: _____ Date: _____