



CAWA Insurance Services/CIMS

An insurance agency owned by the
California Automotive Wholesalers Association

-Serving the needs of the automotive aftermarket industry since 1955-

11160 Sun Center Dr., Rancho Cordova, CA 95670

Phone: 1-800-575-6891 v Fax: 1-800-210-3210 v Email: cawa@cimsga.com

Insurance License No. OB14519



Group Workers Compensation Program Risk Evaluation Questionnaire

Business (dba) Name: _____

Legal Name: _____

Phone: _____ **Fax:** _____

Address: _____

City/State/Zip: _____

Please list additional locations on a separate piece of paper

Name of contact person/title: _____ **Federal Tax ID Number:** _____

Type of business: Corporation Partnership Sole Proprietor
 Other: _____

<u>Class Code(s):</u>	<u>No. Emps:</u>	<u>Est. Annual Payroll:</u>
8046 Wholesale Auto Parts	_____	\$ _____
3828 Machine Shop	_____	\$ _____
8389 Repair/Garage	_____	\$ _____
8388 Tire Sales	_____	\$ _____
8810 Clerical	_____	\$ _____
____ Other: _____	_____	\$ _____
____ Other: _____	_____	\$ _____

How long in business? _____ Any prior or current bankruptcies? _____

Any prior work comp policy cancellations, if so, why? _____

Do you provide towing and/or roadside assistance? _____

Do you deliver products using company vehicles, how many? _____

Are you a current member of CAWA/NAWA? _____ Are you a current member of ASC? _____

Please attach 3 years of currently valued (within last 90 days) loss runs or no-loss letters from prior carrier(s). What is the name of your current carrier: _____

Estimated annual premium with current carrier: \$ _____ Anniversary Date? _____

Do you have an Experience Mod (ExMod)? _____ What is your current ExMod? _____

Company Officer Information

Name: _____ **Title:** _____ **% Ownership:** _____ **Comp. Coverage?** _____

Fax this form to 1-800-210-3210 and attach three (3) years of currently valued loss runs



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Group Workers Compensation Program 2003 Supplemental Questionnaire

NAME OF BUSINESS _____

OPERATIONS

Is owner active in business? _____ Duties? _____ Years Experience? _____

Percentage of annual receipts that are wholesale? _____%

How many employees? Full-time _____ Part-time _____ How many employees are delivery drivers? _____

Any changes in operations in the last 5 years? _____

Hours of operation? _____ How many days per week? _____ How many shifts? _____

Percentage of annual employee turnover _____

Any out-of-state exposure? Yes No If yes, which states? _____

Any towing operations? Yes No Vehicles owned? Yes No Taken home? Yes No

Any delivery/driving exposure? Yes No Frequency: Daily Weekly Other MVR "pull" program? Yes No

Delivery/Driving radius: 50 miles or less 51-100 miles 101-250 miles 250+ miles

What percentage of your gross receipts are derived from delivery? _____%

Any repair work on RV's and/or large commercial vehicles? Yes No

HIRING PRACTICES

Pre/Post Physicals? Yes No MVR Check? Yes No Drug Testing? Yes No

SAFETY PRACTICES

Do you use a specific medical provider for injured employees? Yes No
(if yes, circle one) Clinic Physician ER Other _____

How often do you hold employee safety meetings? _____

How often is your equipment inspected and maintained? _____

MISCELLANEOUS

Is Group Medical provided? Yes No If yes, how many employees are enrolled? _____

Who is eligible? All employees Full-time Employees Other _____

Insurance carrier _____ Waiting period for new employees _____

Do you offer Life Insurance? Yes No Disability Insurance? Yes No 401K/Profit Share? Yes No

Employer contribution towards benefits? _____%

Paid vacation? Yes No Paid sick leave? Yes No

Do you have a return to light duty plan? Yes No Do you have a return to full-time modified work plan? Yes No

Fax this form to 1-800-210-3210 along with the Risk Evaluation Questionnaire