



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
 Insurance License No. OB14519



**CAWA Safety Group Workers Compensation Program
 Supplemental Questionnaire**

NAME OF BUSINESS _____

Is owner active in business? _____ Duties? _____ Years Experience? _____
 Are you a member of CAWA? Yes No
 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 receipts that are wholesale? _____% 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 race cars, RV's and/or large commercial vehicles? Yes No
 Do you specialize in parts and/or repair for racing vehicles? Yes No
 Any radiator or transmission work? Yes No Any split rim work? 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

Who is your group medical carrier? _____
 Who is your GL carrier? _____
 Do you offer 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

Employer's Signature _____ **Date** _____