

Mackinaw Underwriters, Inc.

AUTO SHOP SUPPLEMENT

Insured's Name: Click or tap here to enter text.

Supplement Completed By: Click or tap here to enter text.

Date: Enter Date.

Question	Yes	No
1. Please provide a description of the operations:	Click or tap here to enter text.	
2. Does this prospect do any towing?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what is the percentage?	Please Select	
b. Do they do any roadside repairs?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the drivers on call 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the insured do any transmission work?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what is the percentage?	Please Select	
4. Do they do any brake work?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what is the percentage?	Please Select	
5. What are the hours of operation?	Click or tap here to enter text.	
6. What types of vehicles does this risk work on?	<input type="checkbox"/> Private Passenger <input type="checkbox"/> Heavy Trucks <input type="checkbox"/> Farm Machinery <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Home Boats & Motors <input type="checkbox"/> Motorcycles <input type="checkbox"/> Other: Click or tap here to enter text.	
7. Do they do body work?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, do they have an OSHA certified spray booth?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do they work with epoxy paint?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does this risk have any convenience store operations?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, is there any alcohol sold?	<input type="checkbox"/>	<input type="checkbox"/>
b. What are the hours of operation?	Click or tap here to enter text.	
9. What type of safety procedures or training are in place?	Click or tap here to enter text.	