**QUESTIONNAIRE FOR THE STANDARDIZED LABOR RATE SURVEY.**

**To: (Auto Body Repair Facility) From: (Insurance Company name, address, telephone number, email address)**

**Instructions: We are conducting a survey of auto body repair labor rates for all auto body repair shops in your area. This questionnaire should be completed by an authorized representative of the auto body repair facility to which it is addressed and returned to [Insurance Company] at [insert address] no later than [insert due date]. If the information is not complete, the survey may be rejected.**

**FAILURE TO COMPLETE THIS QUESTIONNAIRE IN FULL MAY RESULT IN ITS EXCLUSION FROM THE AUTO BODY LABOR RATE SURVEY FILED WITH THE CALIFORNIA DEPARTMENT OF INSURANCE. HOWEVER, YOU ARE NOT REQUIRED TO COMPLETE THIS SURVEY. IF YOU CHOOSE NOT TO COMPLETE THIS SURVEY, OR IF YOUR SHOP IS NOT ELIGIBLE TO PARTICIPATE IN THIS SURVEY, PLEASE RETURN IT TO US FOR OUR RECORDS. IF YOU CHOOSE TO NOT COMPLETE THIS SURVEY, PLEASE CHECK THE FOLLOWING DECLINATION:**

**I DECLINE TO PARTICIPATE IN THIS SURVEY: \_\_\_\_\_\_\_\_**

**Question 1:** The survey may only use labor rates of auto body repair shops registered with, or licensed by, the California Bureau of Automotive Repair to perform auto body collision repairs. Is your shop duly registered or licensed to perform auto body collision repairs by the California Bureau of Automotive Repair?

YES \_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_

If you answered **Yes** to question 1, please provide your license number with the California Bureau of Automotive Repair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you answered **No** to question 1, stop here, proceed to declaration to complete your survey and return the survey questionnaire to us.

**Question 2:** We may only use labor rates in a survey reported by auto body repair shops that meet certain specific standards. Please confirm below whether you meet all of the following specific standards:

In order for a shop labor rate to be used in a survey it must:

1. Meet all equipment requirements for auto body repair shops, as required by the Bureau of Automotive Repair and as described in California Code of Regulations, Title 16, Division 33, Chapter 1, Article 6, Section 3351.5, Equipment Requirements for Auto Body Repair Shops, and any amendments thereto;

2. Have proof of garage keeper’s liability and workers’ compensation insurance or equivalent;

3. Have electrical or hydraulic equipment capable of making simultaneous multiple body or structural pulls;

4. Have a spray booth that meets current federal, state and local requirements;

5. Have the ability to complete and verify four-wheel alignment through computer printout either from an in-house alignment system with at least one technician that is certified or qualified or utilize a qualified sublet provider;

6. Have the ability to remove and reinstall frame, suspension, engine and drive train components or use a qualified sublet provider;

7. Have the ability to evacuate, reclaim and recharge vehicles air conditioning system using EPA compliant in-house equipment and certified technicians or use a qualified sublet provider; and

8. Subscribe to a provider of structural specifications with periodic updates covering the vehicle structure for the make, model, and year of the vehicle(s) being repaired and wheel alignment specifications for the make, model, and year of the vehicle(s) being repaired.

**I confirm that this auto body repair shop meets all of the above standards:**

YES \_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_

If you answered **NO** to question 2, stop here, proceed to declaration to complete your survey and return this survey questionnaire to us.

**Question 3: Hourly Rate Charged –** Please indicate the hourly rate charged by your facility for non-direct repair program or other non-discounted auto body repair work for each category of repair identified below.

(a) Auto Body/Sheet Metal Labor Rate: \_\_\_\_\_\_\_\_per hour.

(b) Structural Labor Rate: \_\_\_\_\_\_\_\_\_ per hour.

(c) Frame Labor Rate: \_\_\_\_\_\_\_\_\_ per hour.

(d) Mechanical Labor Rate: \_\_\_\_\_\_\_\_ per hour.

(e) Refinish Labor Rate: \_\_\_\_\_\_\_\_\_ per hour.

(f) Aluminum Repair Labor Rate: \_\_\_\_\_\_\_\_\_ per hour.

**Question 4:** Does your repair shop have a contract or agreement with this insurer to perform repair work for a discounted rate or other considerations in exchange for referrals by the insurer?

YES \_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_

If you answered YES to Question 4, you may not include discounted rates in your response to Question 3, above. Your response to Question 3 must only reflect the hourly rate charged by your facility for non-direct repair program or other non-discounted auto body repair work for each category of repair identified.

**PLEASE MAKE A COPY OF THIS SIGNED AND COMPLETED QUESTIONNAIRE FOR YOUR RECORDS AND MAIL TO THE ADDRESS SHOWN ON THIS QUESTIONNAIRE**

**DECLARATION**

**By signing below, I declare that the information provided above is true and correct.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical Address of Repair Shop:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**