

Dealer Supplemental Application

Named Insured: _____

Are you a member of any association(s)? Yes No

If so, which one(s)? _____

How many years have you been in business? _____

If you are a new venture, how many years of prior experience do you have? (provide areas of experience) _____

Do you have a website? _____ If Yes, what is your webpage address _____

Bicycle/Segway Rental Operations

Do you rent bicycles? Yes No

Receipts \$ _____

Do you rent Segways? Yes No

Receipts \$ _____

Do you always require helmets for bicycle renters? Yes No
for Segway renters? Yes No
for test rides? Yes No

Do you have the renter sign a hold harmless agreement? Yes No

If you rent bikes, attach the rental agreement.

If you rent bikes, what are your procedures?

1.) Required age before you will rent? _____

2.) When the bike comes back from rental is it checked by an employee before it is rented again? Yes No

If Yes, what checks are made? _____

If you rent Segways, attach the rental agreement.

If you rent Segways, what are your procedures?

1.) Required age before you will rent? _____

2.) Do you conduct a pre-ride safety briefing & instruction? _____

Do you rent skates? Yes No

skateboards? Yes No

waterborne equipment? Yes No

Note: If YES on all but waterborne equipment, the same questions under bike/ski rental must be answered.

Ski &/or Snowboard Rental Operations

Do you rent skis &/or snowboards? Yes No
Receipts \$ _____

Do you always require helmets for renters? Yes No
for equipment testing? Yes No

Do you have the renter sign a hold harmless agreement? Yes No
If you rent skis &/or snowboards, attach the rental agreement.
If you rent skis &/or snowboards, what are your procedures?

- 1). Required age before you will rent? _____
- 2). When the skis &/or snowboard comes back from rental is it checked by an employee before it is rented again? Yes No
If Yes, what checks are made? _____

Dealer Operations

What are the receipts for Bicycle retail sales? \$ _____
What are the receipts for Segway retail sales? \$ _____
What are the receipts for Ski &/or Snowboard retail sales? \$ _____

What are the receipts for Bicycle service and repair? \$ _____
What are the receipts for Segway service and repair? \$ _____
What are the receipts for Ski &/or Snowboard service and repair? \$ _____

Do you sell any used equipment? Yes No
What are the receipts for used bicycle parts? \$ _____
What are the receipts for used ski parts? \$ _____
What warranty is provided? _____
Attach a copy of the checklist used to verify viability of parts.

Do you manufacture any equipment? Yes No
What are the receipts? \$ _____

Do you sell gas powered equipment? Yes No
Do you repair gas powered equipment? Yes No
Do you lease equipment to Third Party Contractors? Yes No
Do you do any painting other than touch up? Yes No
Do you do any welding? Yes No
Are you named as a vendor on your suppliers/distributors insurance policies? Yes No
List suppliers/distributors _____

Have you had prior losses? Yes No
If Yes, attach the loss runs from your prior carrier that shows these losses or list below...date of loss, amount paid and explanation of the loss and what preventative measures have been taken to prevent further losses of this type. _____

Property information

Location #1 _____ Zip Code: _____
Protection Class ____ Inside City Limits? Yes No County (Name) _____

Construction: Frame Joisted Masonry Non-Combustible _____
Year Built _____ Miles to Fire Station _____ Feet to Fire Hydrant _____
Year of Updates (if over 25 years old) Wiring _____ Heating ____ Plumbing ____ Roof _____
Total Building Area _____ Insured's Area _____

Please check the following safeguards that you currently have.

- Burglar Alarm Dead bolt locks on all doors
- Bars on all windows Bikes locked together when closed
- Metal doors

VALUE	COVERAGES AND LIMITS	CAUSES OF LOSS
Building \$ _____	Coinsurance ____	Deductible _____ <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
Pers. Property \$ _____	Coinsurance ____	Deductible _____ <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
Business		
Income \$ _____	% of Coinsurance (50% min) or monthly limit (1/3, 1/4, or 1/6)	
Extra Expense \$ _____	(40% -80% -100%)	
Minicomputer/EDP (100% coinsurance)		
	Hardware \$ _____	Software \$ _____ Extra Expense \$ _____

Attach a picture of your premises.

Agent's Signature _____

Insured's Signature _____