



Dealer Supplemental Application

Named Insured: _____

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 Rental Operations

Do you rent bicycles? Yes No Receipts \$ _____

Do you rent Segways? Yes No
If Yes, Segways will be excluded.

Do you always require helmets for bicycle 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? _____

Do you rent skates? Yes No
skateboards? Yes No
waterborne equipment? Yes No
gas powered equipment? Yes No

Note: If YES on all but waterborne/gas 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



Ski &/or Snowboard Rental Operations (continued)

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 Ski &/or Snowboard retail sales? \$ _____

What are the receipts for Bicycle 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
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.

Describe any other operations not related to the Bicycle Industry.



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 with	\$ _____	% 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 _____

REQUEST FOR FINANCIAL INFORMATION

Explanation and Instructions: Information concerning the financial condition of an insured location is essential to underwriters. Judgments regarding both eligibility and premium level are made partially based on financial condition. **Information submitted will be kept strictly confidential.**

Part I examines your trend in revenues and expenses.

Part II examines solvency by comparing your current assets to your current liabilities.

Part III examines both short and long term debt.

Part IV has to do with your credit history.

Complete Financial Statements including Balance Sheet and Income Statements may be submitted as a substitute for this financial request.

PART I

12 MONTHS ENDING _____

PREVIOUS YEAR

Gross Revenue	_____	_____
Cost of Goods (not Labor)	_____	_____
Gross Profit	_____	_____
Cost of Labor	_____	_____
Overhead Expenses	_____	_____
Profit <Loss> after expenses	_____	_____

PART II

Cash(on hand or in banks) _____
 Marketable Securities _____
 Accounts Receivable _____
 Inventory _____
 TOTAL OF ABOVE _____

Payable to Vendors _____
 Taxes Payable (not F.I.T.) _____
 Income Taxes Payable _____
 Other Current Payables _____
 TOTAL OF ABOVE _____

PART III

List Loans, Mortgages or any other Contract Debt

	Amount	Maturity Date	Monthly Payments
To Whom			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART IV

Are you currently past due on payroll, sales or other taxes? Yes No

Are you currently undergoing any form of bankruptcy? Yes No

Who prepares your financial statements and/or tax returns? _____

Questionnaire Must Be Completed for Insurance Quote.

Questionnaire Completed By:

Name _____
 Signature _____

Title _____
 Date _____