



NIPC | Risk Placement Services, Inc.
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Bicycle Manufacturer/Distributor Product Questionnaire

Name of Business _____ Year Business Started _____

Address _____

Total Sales:
 This Year \$ _____
 1st Prior Yr. \$ _____
 2nd Prior Yr. \$ _____
 3rd Prior Yr. \$ _____

Contact Person: _____
 Phone: () _____

Operations:

- Bicycle Manufacturer
- Bicycle Assembly (components manufactured by others)
- Distributor
- Bicycle Component Manufacturing
- Accessory Manufacturer (gloves, clothing, packs, etc.)

Describe Operations:

Describe Operations not related to the Bicycle Industry:

Do you sponsor any professional racing teams? _____ If Yes, Describe: _____

Do you sponsor any professional bicycle racing events? _____ If Yes, Describe: _____

- Please Provide:**
- 1) Copies of all current advertising material. attached to follow
 - 2) Copies of all current products brochures attached to follow
 - 3) Full details on any products claims attached to follow
 (all claims open or closed)

Describe product quality control program:

How are your new product lines tested to comply with Consumer Product Safety Commission (CPSC) bicycle regulation? _____

Do your records enable you to track product runs or sales to the dealer for recall? If Yes, Describe:

Please check below the kinds of operations conducted in your manufacturing facility:

	<u>Your Operation</u>	or	<u>Contracted to Others</u>
<input type="checkbox"/> Assembly	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Carbon Fiber Products Manufacturing	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Casting of Metal Parts	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Electroplating or Anodizing	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Fabric Sewing	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Heat Curing Oven	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Machining Metal	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Other Plastic Products Manufacturing	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Plastic Products Injection Molding	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Polishing and Buffing	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Spray Painting	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Welding - Steel/Aluminum	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Welding - Titanium	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Other (List) _____	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Other (List) _____	<input type="checkbox"/>		<input type="checkbox"/>

Please describe your manufacturing process. _____

Do your subcontractors carry insurance coverages or limits less than yours? _____

LIST OF ALL CURRENT PRODUCTS- Manufactured or Sold

Product Name	Description	Check Box	Volume
_____	_____	<input type="checkbox"/> Manufactured	\$ _____ Sales
	_____	<input type="checkbox"/> Imported (by You)	\$ _____ Units
	_____	<input type="checkbox"/> Wholesaled	
_____	_____	<input type="checkbox"/> Manufactured	\$ _____ Sales
	_____	<input type="checkbox"/> Imported (by You)	\$ _____ Units
	_____	<input type="checkbox"/> Wholesaled	
_____	_____	<input type="checkbox"/> Manufactured	\$ _____ Sales
	_____	<input type="checkbox"/> Imported (by You)	\$ _____ Units
	_____	<input type="checkbox"/> Wholesaled	

List and describe additional products to be released in the next two years.

List and describe any discontinued products that are not related to the bicycle industry.

Do you sell your product in foreign countries? _____

What percentage of your total receipts are from foreign sales? _____%

If your product is manufactured in a foreign country, does the foreign manufacturer have insurance that will respond in the United States? _____

PROPERTY INFORMATION

(If more than 2 locations, please photocopy the below and complete for additional locations.)

Location # 1 Bldg. # _____ 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 bolts locks on all doors Bars on all windows
- Metal Doors Bikes locked together when closed

VALUE COVERAGES AND LIMITS

Building \$ _____ Coins _____ Deductible _____ Causes of Loss Basic Broad Special
Pers. Property \$ _____ Coins _____ Deductible _____ Causes of Loss Basic Broad Special
Business
Income \$ _____ _____ % of Coins (50% min) or mo. limit (1/3, 1/4 or 1/6) (circle one)
Extra Expense \$ _____ (40% -80% -100%)
Minicomputer/
EDP(100% coins)\$ _____ Hardware \$ _____ Software \$ _____ Extra Expense \$ _____

Location #2 Bldg. # _____ 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 bolts locks on all doors Bars on all windows
- Metal Doors Bikes locked together when closed

VALUE COVERAGES AND LIMITS

Building \$ _____ Coins _____ Deductible _____ Causes of Loss Basic Broad Special
Pers. Property \$ _____ Coins _____ Deductible _____ Causes of Loss Basic Broad Special
Business
Income \$ _____ _____ % of Coins (50% min) or mo. limit (1/3, 1/4 or 1/6) (circle one)
Extra Expense \$ _____ (40% -80% -100%)
Minicomputer/
EDP(100% coins) \$ _____ Hardware \$ _____ Software \$ _____ Extra Expense \$ _____

REQUEST FOR FINANCIAL INFORMATION

Explanation and Instructions: Information concerning the financial condition of an insured location is essential to underwriters. Judgements 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 _____	NEXT 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) _____	Payable to Vendors _____
Marketable Securities _____	Taxes Payable (not F.I.T.) _____
Accounts Receivable _____	Income Taxes Payable _____
Inventory _____	Other <u>Current</u> Payables _____
TOTAL OF ABOVE _____	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 _____

Title _____

Signature _____

Date _____