

SECTION A: Applicant Information

- Applicant Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Website: _____ Phone Number: _____
- Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business and Operations Information

- Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
- FEIN: _____
- Description of operations:

- Complete the table below:

Product	Manufacturer(s)	Receipts (\$)
Motorcycles		
Yamaha Rhinos		
ATV/UTV (other than Yamaha Rhinos)		
Snowmobiles		
Personal Watercraft		
Boats		
Lawn and Garden		
Generators		
Chainsaws		
Sporting Goods		
Used Cars/Trucks	Number Per Year: _____	
Other:		
Parts and Accessories		
Service and Repair		
Total		

- What is the percentage of total units sold for the following:

New: _____%

Used: _____%

- Are all buildings sprinklered? ☐ Yes ☐ No
- Are all premises lit? ☐ Yes ☐ No
- Are there service area restricted access signs? ☐ Yes ☐ No
- Are there "no smoking" signs? ☐ Yes ☐ No
- Do all buildings have smoke detectors? ☐ Yes ☐ No
- Do all buildings have a central fire alarm? ☐ Yes ☐ No
- Do all buildings have a central burglar alarm? ☐ Yes ☐ No
- Are there security guards and/or guard dogs? ☐ Yes ☐ No
- Does the owner live on premises? ☐ Yes ☐ No
- Are there metal bars/gates on windows/doors? ☐ Yes ☐ No

SECTION C: General Information

1. Does the Insured store gasoline or oil in any container larger than a five-gallon approved can? ☐ Yes ☐ No
If yes, what capacity and above or below ground? _____
2. What type of safety procedures do you have in place (describe in detail or attach copy):

3. How often are safety meetings held? _____
4. Do you have a safety manual? ☐ Yes ☐ No
5. Is safety literature distributed and posted? ☐ Yes ☐ No
6. Is smoking allowed in the shop area? ☐ Yes ☐ No
7. Are employee references checks prior to hiring? ☐ Yes ☐ No
8. Are employees long term with low turnover? ☐ Yes ☐ No
9. Does the service department do any type of welding? ☐ Yes ☐ No
If yes, please provide details: _____
10. Has management cooperated with company loss control recommendations in the past? ☐ Yes ☐ No
11. Does the Insured have a procedure for periodic clean-up of areas and disposal of hazardous material? ☐ Yes ☐ No
12. Are rags stored in a UL approved container? ☐ Yes ☐ No
13. Is the parts washer UL approved? ☐ Yes ☐ No
14. Does the Insured install any trailer hitches? ☐ Yes ☐ No
15. Does the Insured make any vehicle alterations, complete any service or repairs that would negate a manufacturer warranty?
..... ☐ Yes ☐ No
If yes, explain: _____
16. Any parts fabrication? ☐ Yes ☐ No
17. Are isles adequately spaced and free from debris? ☐ Yes ☐ No
18. Are service employees required to wear safety equipment? (safety glasses, steel toe shoes, etc.) ☐ Yes ☐ No
19. In the past five years, has there been flooding in the areas around Insured's location(s)? ☐ Yes ☐ No
20. Does the Insured provide motorcycle safety training classes? ☐ Yes ☐ No
21. Does the Insured sell, service/repair, or store boats other than personal watercraft? ☐ Yes ☐ No
22. Is the Insured engaging in any hull work, marina ops., evasive repairs, moorage, or rental operations? ☐ Yes ☐ No
If yes, please describe: _____
23. Does the Insured adhere to all manufacturer guidelines when selling new or used products? ☐ Yes ☐ No
24. Are there any units covered for insurance under manufacturers floor plan? ☐ Yes ☐ No
If yes, how much: _____
25. Does the Insured provide any winter/summer storage for customers motorcycles, atvs, snowmobiles, pwc, etc.? ☐ Yes ☐ No
If yes, how many units and what is the total value of these units? _____
26. Where are the keys for the inventory and customer units kept? ☐ Yes ☐ No
27. Does the Insured do any spray painting? ☐ Yes ☐ No
If yes, please explain: _____
28. Does the Insured loan out motorcycles to customers or others? ☐ Yes ☐ No
If yes, how often? _____
29. Does the Insured take products to display in trade shows? ☐ Yes ☐ No
If yes, what is the value of products displayed? _____
30. Is the Insured responsible for products shipped to you from your manufacturer/distributor? ☐ Yes ☐ No
If yes, please complete and include an Acord 143 (transportation section) application

31. Are any of the Insured's locations within a half mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or major amusement park? ☐ Yes ☐ No
If yes, please explain: _____
32. Does the Insured sell or service motorcycles for any law enforcement entities? ☐ Yes ☐ No
33. Are employee test rides conducted on a pre-determined course on streets in good repair with limited traffic? ☐ Yes ☐ No
34. Are all traffic laws and speed limits adhered to by employees on test rides? ☐ Yes ☐ No
35. Are helmets, proper clothing, and footwear worn during employee test rides? ☐ Yes ☐ No
36. Are employee test rides only permitted during daylight hours under suitable weather/road conditions? ☐ Yes ☐ No

Demo ☐ N/A

1. Does the Insured demo any of their products? ☐ Yes ☐ No
2. Does the Insured have customers sign a demo waiver? ☐ Yes ☐ No
3. Is it the dealerships standard practice to have an employee escort customer on demo rides? ☐ Yes ☐ No
4. What controls are in place before allowing a customer to demo? _____
5. What products are demonstrated? _____
6. Does the Insured qualify a customer's capability for demo-ing the units? ☐ Yes ☐ No

Inventory Stored Outside ☐ N/A

1. Does the Insured store any inventory outside? ☐ Yes ☐ No
2. How much of the following is stored outside? Crated: _____ Assembled: _____ Customers: _____
3. Is inventory secured in a locked fenced area? ☐ Yes ☐ No
If yes, is the fence connected to a central station alarm? ☐ Yes ☐ No
4. Is there a plan to move units/items stored outside to the inside prior to severe weather? ☐ Yes ☐ No
If yes, please explain plan: _____

SECTION D: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____

SECTION E: Driver Information

1. Please list ALL owners and employees (including any non-employee who may drive a covered auto)

[illegible]