



## Dealer Supplemental Application

In order to provide a quote, Acord 125, 126 and 140 must be completed along with the supplemental.

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

LAST 12 MONTHS ENDING \_\_\_\_\_

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 <u>Current</u> 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 \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_