



**Bicycle Manufacturer/Distributor Product Questionnaire**

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

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

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) _____ | 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 \_\_\_\_\_