

## 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 \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email \_\_\_\_\_  
 Website \_\_\_\_\_  
 # of Employees \_\_\_\_\_

Year Business Started \_\_\_\_\_

**Total Sales**

This Year \$ \_\_\_\_\_  
 1<sup>st</sup> Prior Year \$ \_\_\_\_\_  
 2<sup>nd</sup> Prior Year \$ \_\_\_\_\_  
 3<sup>rd</sup> Prior Year \$ \_\_\_\_\_

**Operations (select all that apply)**

- Bicycle Manufacturer – non-motorized/conventional  
 Brand(s) of conventional bikes manufactured \_\_\_\_\_
- Bicycle Manufacturer – electric  
 Brand \_\_\_\_\_ Wattage \_\_\_\_\_ Max Speed \_\_\_\_\_  
 Brand \_\_\_\_\_ Wattage \_\_\_\_\_ Max Speed \_\_\_\_\_  
 Brand \_\_\_\_\_ Wattage \_\_\_\_\_ Max Speed \_\_\_\_\_
- Bicycle Manufacturer – motorized/gas operated (not eligible)
- Other electric equipment manufactured \_\_\_\_\_
- Bicycle Component Manufacturing
- Bicycle Assembly (components manufactured by others)
- Accessory Manufacturer (gloves, clothing, packs, etc.)
- Distributor
- Other \_\_\_\_\_

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	<input type="checkbox"/> attached	<input type="checkbox"/> to follow
2. Copies of all current products brochures	<input type="checkbox"/> attached	<input type="checkbox"/> to follow
3. Full details on any products claims (all – open or closed)	<input type="checkbox"/> attached	<input type="checkbox"/> to follow

Describe product quality control program \_\_\_\_\_

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

Do your records enable you to track product sales for recall? \_\_\_\_\_ If Yes, Describe \_\_\_\_\_

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

	Your Operation	or	Contracted to Others
<input type="checkbox"/> Assembly	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Caron 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 _____	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>		<input type="checkbox"/>

Please describe your manufacturing process \_\_\_\_\_

Do your subcontractors carry insurance coverages or limits less than your limits? \_\_\_\_\_

**LIST OF ALL CURRENT PRODUCTS – Manufactured or Sold**

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

List and describe additional products that will be released in the next two years \_\_\_\_\_

List and describe any discontinued products \_\_\_\_\_

Do you sell your product in foreign countries? \_\_\_\_\_

If yes, what percentage of 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, duplicate this page or request additional property pages)

Location # \_\_\_\_\_ Bldg # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 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 \_\_\_\_\_ square feet Insured's Area \_\_\_\_\_ square feet

**Please check the following safeguards that you currently have:**

- Burglar alarm                      Dead bolt locks on all doors                      Bars on all windows
- Metal doors                              Bikes locked together when closed

**Values**

**Coverages and Limits**

Building	\$ _____	Coins _____	Deductible _____	Causes of Loss	Basic	Broad	Special
Personal Property	\$ _____	Coins _____	Deductible _____	Causes of Loss	Basic	Broad	Special
Business Income	\$ _____	% of Coins (50% min) OR Month Limit		1/3	1/4	1/6	
Extra Expense	\$ _____	(40%, 80%, 100%)					
EDP/Minicomputer (90% coins)	\$ _____	Hardware \$ _____	Software \$ _____	Extra Expense \$ _____			

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Street Address \_\_\_\_\_

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**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	_____

\* Dated within four months of your renewal  
 \*\* Must match your total gross sales from all "Locations and Operations" pages completed (page 2)

**PART II**

Cash(on hand or in banks)	_____	Payable to Vendors Taxes	_____
Marketable Securities	_____	Payable (not F.I.T.)	_____
Accounts Receivable	_____	Income Taxes Payable	_____
Inventory	_____	Other <u>Current</u> Payables	_____
TOTAL OF ABOVE	_____	TOTAL OF ABOVE	_____

**PART III**

**PART IV**

List Loans, Mortgages or any other Contract Debt

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

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 \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_