

## Dealer Supplemental Application

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

Business Name \_\_\_\_\_ DBA, if any \_\_\_\_\_

Mailing Address \_\_\_\_\_ Business Entity Type \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ # of Employees \_\_\_\_\_

Managing Member/Owner \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Are you a member of any associations?  Yes  No If yes, which one(s)? \_\_\_\_\_

How many years have you been in business? \_\_\_\_\_ Business Website Address \_\_\_\_\_

Describe Operations \_\_\_\_\_

### Products & Services

*If more space is needed to answer any questions below, please include it in the body of your email when returning the application.*

Please provide the Brand, wattage, and max speed of the following:

- Electric bikes rented \_\_\_\_\_
- Electric bikes sold \_\_\_\_\_
- Other electric equipment rented (scooters, Segways, etc.) \_\_\_\_\_
- Other electric equipment sold (scooters, Segways, etc.) \_\_\_\_\_

Brands of conventional bikes rented \_\_\_\_\_

Brands of conventional bikes sold \_\_\_\_\_

Do you rent or sell any kid's bikes, carriers, or seats?  Yes  No Attach links for all kid's bikes, carriers, or seats for rent or sale.

List all equipment that you repair \_\_\_\_\_

List any used equipment that you sell \_\_\_\_\_

What warranty is provided for used equipment? \_\_\_\_\_

Are you named as a vendor on your suppliers/distributors insurance policies?  Yes  No

List all suppliers/distributors \_\_\_\_\_

Do you manufacture any equipment?  Yes  No

Do you sell any 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

Do you require helmets for all renters?  Yes  No If no, please explain \_\_\_\_\_

Do you require helmets for all test rides?  Yes  No If no, please explain \_\_\_\_\_

Do you have the renter sign a hold harmless agreement? \_\_\_\_\_

What is the minimum age you require for rentals? \_\_\_\_\_

After rentals, what safety checks are made to equipment before renting again? \_\_\_\_\_

**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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For the location listed above, provide your annual gross sales broken down into the categories below. If you have operations that are not listed, please add them in the blank fields provided. Your combined gross sales for all locations must match your Gross Revenue on page three, "Request for Financial Information."

Operations	Gross Sales	Operations	Gross Sales
Conventional Bike Rentals		Used Bikes & Parts Sales	
Conventional Bike Tours		New Conventional Bike Sales	
Electric Bike Rentals		New Electric Bike Sales	
Electric Bike Tours		New Bike Component Sales	
Skate & Skateboard Rentals		New Skate & Skateboard Sales	
Non-motorized Waterborne Equipment Rentals		New Non-motorized Waterborne Equipment Sales	
Non-motorized Waterborne Equipment Tours		New Electric Scooter Sales	
Electric Scooter Rentals		New Segway Sales (these operations are ineligible)	
Electric Scooter Tours		New Ski, Snowboard, Snowshoe Equip. Sales	
Segway Rentals (these operations are ineligible)		Soft Goods Sales (i.e. clothing, bags, accessories, water bottles, etc.)	
Segway Tours (these operations are ineligible)		Equipment Service & Repair	
Ski, Snowboard & Snowshoe Rentals		Manufacturing / Importing Equip. or Components	
Ski, Snowboard & Snowshoe Tours			
Hiking &/or Walking Tours			

All operations are subject to approval by the carrier.

**Insured's Signature** \_\_\_\_\_

**Agent's Signature** \_\_\_\_\_

**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 \_\_\_\_\_  
 Signature \_\_\_\_\_

Date \_\_\_\_\_  
 Title \_\_\_\_\_