

MOTORCYCLE DEALERSHIP APPLICATION

SUBMISSION REQUIREMENTS

- Completed ACORD Application
- Photographs of all locations
- Brochure or website address
- Financial Statement
- Copy of test-drive procedures
- PIC Supplemental Motorcycle Dealership Application
- Hard copy company loss runs for 3 – 5 prior years coverage. Loss letters are not acceptable
- Employee list, title, driver's license and date of birth
- Dealer Physical Damage Inventory

GENERAL INFORMATION

Applicant Name:
Mailing Address:
Website:
Telephone Number:
Number of years in business under current ownership:
If less than three years, describe experience of management.

SECTION I – FRANCHISE(S)

Aprila Buell BMW	Honda Yamaha Triumph	Kawasaki Big Dog Other:	Bombardier/Can Am Seadoo/Bombardier	Polaris Suzuki	Ducati of North America, Inc. Harley-Davidson
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SECTION II – OPERATIONS PERCENTAGE OF TOTAL RECEIPTS

Apparel/Accessories:	Motorcycles:	ATVs:
Scooters:	Lawn and Garden:	Boats:
Personal Watercraft:	Snowmobiles:	
Describe any operations not listed above:		

SECTION III – AUTOMOBILE LIABILITY

1. **Demo Policy:**
- | | | |
|-----------------------------------|------------------|----|
| Does the Applicant provide demos? | Yes | No |
| Number of auto demos: | Who gets a demo? | |
| Number of motorcycle demos: | Who gets a demo? | |

Furnished Autos:

Name	Driver's License Number	Date of Birth	Relationship to Dealer	Household member	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

2. Number of dealer plates:

Test Drive Procedures:

3. Motorcycles/ATVs:

Test drives?	Yes	No
Route with right turns?	Yes	No
Designated route?	Yes	No
Check for valid motorcycle license?	Yes	No
100% accompanied by salesperson?	Yes	No

4. Watercraft:

Test drives?	Yes	No
If yes, what bodies of water?		
If yes, how far from the dealership?		
What is the minimum age required for customers to be passengers on demonstration rides with employees?		
Does the Applicant require customers sign a hold harmless agreement?	Yes	No
Are customers allowed to drive the boat?	Yes	No
Are customers required to wear life vests?	Yes	No
Is the area of demonstration defined?	Yes	No
Is a recovery boat present during demonstration rides?	Yes	No
Is adequate lifesaving equipment available during demonstration rides?	Yes	No

5. Customer Loaner/Rental Policy:

Does the Applicant have a loaner program?	Yes	No
If yes, how many? What are the minimum age requirements?		
Does the Applicant obtain a copy of the driver's license?	Yes	No
Does the Applicant verify insurance on the driver?	Yes	No
Describe any products available for customer rental:		
ATV Apparel Helmets		
Motorcycles Scooters Snowmobile		
Other: Who insures the rentals?		

6. Employee Automobile Information:

Does the Applicant have a formal driving policy in place with MVR standards?	Yes	No
If yes:		
a. Is driving policy communicated in writing to all employees?	Yes	No
b. Is a signed acknowledgement form kept on file?	Yes	No
If yes, please provide a copy of signed acknowledgement.		
c. Do driving standards include the following:		
i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter?	Yes	No
ii. No more than 2 moving violations within past 3 years?	Yes	No
iii. No more than 1 at fault accident within past 3 years?	Yes	No
How often does the Applicant check MVR reports?		
Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training?	Yes	No
Describe any ongoing training provided to drivers:		
Does the Applicant have GPS tracking capability?	Yes	No
Does the Applicant allow employees to drive personal vehicles for company purposes?	Yes	No
If yes:		
a. Are the driving policy and standards for these drivers the same as in the first three questions in this section?	Yes	No
b. Does the Applicant require these employees to have adequate personal insurance limits?	Yes	No

SECTION IV – PHYSICAL DAMAGE

1. Inventory by Location:

1. \$	2. \$	3. \$	4. \$	5. \$
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Is inventory stored inside? Yes No
 If yes, maximum number per location:

1.	2.	3.	4.	5.
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2. Does the Applicant have a formal plan addressing:

Hurricane N/A Yes No Flood: N/A Yes No

(If yes, please attach a copy of the plan.)

3. **Protection:**

	Location 1		Location 2		Location 3		Location 4		Location 5	
Areas fenced/gated?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Video surveillance?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Security lighting?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Private security?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Chains?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

4. **Hauling (Transportation):**

Does the Applicant transport motorcycles? Yes No

If yes, explain:

5. What type of vehicle is used to transport motorcycles?

Does the Applicant employ sub-contractors to transport motorcycles? Yes No

If yes, does the Applicant obtain proof of insurance from sub-contractor? Yes No

7. **Customer Storage:**

Does the Applicant offer seasonal customer storage? Yes No

If yes, values:

Max number of bikes dealer is capable of storing:

Are fuel tanks drained while stored? Yes No

8. **Employees:**

Hiring Procedures

Applications? Yes No

Drug screening? Yes No

Reference/Prior employer checks? Yes No

Applicant provides MVR with application? Yes No

Other:

SECTION V - LIABILITY

1. **Premises**

Are customers allowed in service area? Yes No

Does the Applicant have curbs, steps and ramps clearly painted/marked? Yes No

Are customers allowed to load/unload bikes, ATVs, snowmobiles? Yes No

2. **Other Operations/Other Legal Entities:**

Is the Applicant involved in anything other than the sale or service of vehicles? Yes No

If yes, describe:

Any ownership of other properties? Yes No

If yes, describe:

3. **Food/Drink Service:**
 Does the Applicant have a food or drink operation? Yes No
 If yes, describe:
- Are alcoholic beverages served or sold? Yes No
 If food service is provided, complete restaurant survey.
4. **Hitch Sales/Installation:**
 Is the Applicant involved in anything other than the sale or service of vehicles? Yes No
 If yes, how many per year?
5. **Special Manufacturing or Customization:**
 Is the Applicant involved in any manufacturing or customization work? Yes No
 If yes, describe:
- Does the Applicant manufacture and/or sell trikes, sidecars, and/or 3-wheeled conversions? Yes No
6. **Racing or Rallies: N/A**
 Does the Applicant participate in or have affiliation with organized racing events or rallies? Yes No
 If yes, describe:

SECTION VI – SPECIAL HAZARDS

1. **Welding / Cutting N/A**

	Location 1		Location 2		Location 3		Location 4		Location 5	
Always done in designated area?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Welding done within last hour of operation?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Are oxygen and acetylene spare tanks separated?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Spare cylinders secure to wall or post?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Welding blankets used?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Gasoline Tanks N/A

Gasoline tank draining performed with Gas Caddy? If no, risk is ineligible.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)