

MOTORCYCLE and OFF ROAD VEHICLE SALES AND SERVICE QUESTIONNAIRE

Business Trade Name _____

1. What percentage of your operations involve:

Motorcycles	_____%	Dune Buggies/Sand Rails	_____%
ATV's	_____%	Go-Karts	_____%
Moped's/Scooters	_____%	Dirt Bikes	_____%
Jet Ski's	_____%	Other (Describe)	_____%

2. Is your inventory stored inside a building at night? Yes No
 If Yes, do you have a Central Station Alarm? . Yes No

3. Do you permit off premises test drives? Yes No
 If yes, provide details of where test drives are permitted. _____

4. Do you permit overnight try outs? Yes No

5. Is anyone furnished one of these vehicles for personal use or as a demo? Yes No
 If yes, provide details of who is furnished. _____

6. Do the employees who drive these vehicles have the required endorsement (if applicable) on their Drivers License? Yes No

7. What are your annual sales to customers for each of these categories? (add Related Operations)
 Uninstalled Parts \$ _____ Clothing \$ _____ Accessories \$ _____

8. Do you alter the original performance specifications Yes No
 If "Yes", please describe: _____

9. Do you own or service any motorcycles for racing purposes? Yes No

10. Do you perform any of the following:

Customization or Fabrication?	_____%	Fuel Conversions	_____%
Structural Alterations (Fork & Frame)	_____%	Custom Building	_____%

 If any of the above, please describe: _____

11. Do you convert bikes to trikes? Yes No
 If yes, please provide details of experience and estimated number of conversions each year. _____

12. Do you loan or rent motorcycles? Yes No
 If "Yes", is coverage for this exposure in place elsewhere? Yes No

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant Signature: _____ Date: ____/____/____