



POWERSPORT DEALERSHIP INSURANCE QUESTIONNAIRE

Named Insured:

Address:

Contact Name:

FEIN #:

Phone:

Other Entity Names:

E-mail:

Entity Type: (C, S, LLC, Sole, Partnership)

Website Address:

Effective Date Requested:

1. Are you a subsidiary of another entity or do you have any subsidiaries?	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Any insurance coverage declined cancelled or non-renewed in the past 3 years?	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Any prior losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	Y <input type="checkbox"/> N <input type="checkbox"/>
4. During the last five years has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?	Y <input type="checkbox"/> N <input type="checkbox"/>
5. Any uncorrected fire and/or safety code violations?	Y <input type="checkbox"/> N <input type="checkbox"/>
6. Any foreclosure, repossession, bankruptcy or filed for bankruptcy during the last five (5) years?	Y <input type="checkbox"/> N <input type="checkbox"/>
7. Any judgment or lien during the last five (5) years?	Y <input type="checkbox"/> N <input type="checkbox"/>
8. Any business placed in a trust? Provide Name of Trust.	Y <input type="checkbox"/> N <input type="checkbox"/>
9. Any other business ventures for which coverage is not requested?	Y <input type="checkbox"/> N <input type="checkbox"/>
10. Is safety literature distributed and posted?	Y <input type="checkbox"/> N <input type="checkbox"/>
11. Is smoking allowed in the shop area?	Y <input type="checkbox"/> N <input type="checkbox"/>
12. Has management cooperated with company loss control recommendations in the past?	Y <input type="checkbox"/> N <input type="checkbox"/>

EXPLANATION OF ALL YES RESPONSES



PROPERTY SECTION

	Location 1	Location 2	Location 3
1. Address:			
2. Building Replacement Value:			
3. Year Built:			
4. Total Building Square Footage:			
5. Square Footage You Occupy:			
6. Building Construction Type:			
7. What year and what system was updated (i.e. electrical, plumbing, roof, etc.)?			
8. Number of Stories:			
9. Is there a basement?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
PROTECTIVE MEASURES: (check all that apply)			
1. Building Sprinklered	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Lighted Premises	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Service Area Restricted Access Signs	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4. No Smoking Signs	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5. Smoke Detectors	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6. Building Central Alarm/Fire	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7. Building Central Alarm/Burglar	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
8. Security Guard and/or Guard Dog	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
9. Owner Lives on Premises	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
10. Metal Bars/Gates on Windows/Doors	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
11. Emergency Lighting	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
12. Stairwells with Self-Closing Doors	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
13. Business Personal Property Replacement Cost (Report inventory on separate spreadsheet.)			
14. Value of Personal Property of Others			
15. Business Income Limit			



16. EDP Hardware Replacement Cost			
17. EDP Software Replacement Cost			

1. In the past 5 years has there been any flooding in the areas around your location?	Y <input type="checkbox"/> N <input type="checkbox"/>		
2. Are any of your locations within ½ mile of a military base, defense contractor, major utility, known US landmark, major sports stadium or major amusement park?	Y <input type="checkbox"/> N <input type="checkbox"/>		
3. Do you store inventory outside?	Y <input type="checkbox"/> N <input type="checkbox"/>		
If yes, answer below:			
	Location 1	Location 2	Location 3
Crated	\$	\$	\$
Assembled	\$	\$	\$
Customers	\$	\$	\$
Fenced	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Fence Locked	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Central Station Alarm	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Perimeter Security Lighting	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Will a loss payee needed to be listed or added? If so, please advise.	
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EXPLANATION OF ALL YES RESPONSES



GENERAL LIABILITY

Type of Product	List Manufacturers	Sales
Motorcycles		\$
Side by Sides		\$
ATV/UTV		\$
Snowmobiles		\$
Personal Watercraft		\$
Boats		\$
Lawn & Garden		\$
Generators		\$
Chainsaws		\$
Sporting Goods		\$
Used Cars/Trucks	Units per Year	\$
Parts & Accessories		\$
Service & Repair		\$
TOTAL SALES		\$
% of Total Units Sold		% New
		% Used

Total Projected Sales Next Fiscal Year	\$
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1. If you sell any autos, are they sold 'as is'?	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Any medical facilities provided or medical professionals employed or contracted?	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Any operations sold, acquired, or discontinued in last five (5) years?	Y <input type="checkbox"/> N <input type="checkbox"/>
4. Machinery or equipment loaned or rented to others?	Y <input type="checkbox"/> N <input type="checkbox"/>
5. Does applicant own, rent, or otherwise use cranes?	Y <input type="checkbox"/> N <input type="checkbox"/>
6. Any watercraft, docks, floats owned, hired or leased?	Y <input type="checkbox"/> N <input type="checkbox"/>
7. Any parking facilities owned/rented?	Y <input type="checkbox"/> N <input type="checkbox"/>
8. Is a fee charged for parking?	Y <input type="checkbox"/> N <input type="checkbox"/>
9. Recreation facilities provided?	Y <input type="checkbox"/> N <input type="checkbox"/>
10. Is there a swimming pool on the premises?	Y <input type="checkbox"/> N <input type="checkbox"/>
11. Sporting or social events sponsored?	Y <input type="checkbox"/> N <input type="checkbox"/>
12. Any structural alterations contemplated?	Y <input type="checkbox"/> N <input type="checkbox"/>
13. Are any services of an Advertising Agency used?	Y <input type="checkbox"/> N <input type="checkbox"/>
14. Any coverage provided under Advertising Agency's policy?	Y <input type="checkbox"/> N <input type="checkbox"/>
15. Any demolition exposure contemplated?	Y <input type="checkbox"/> N <input type="checkbox"/>
16. Is there a labor interchange with any other business or subsidiaries?	Y <input type="checkbox"/> N <input type="checkbox"/>
17. Are day care facilities operated or controlled?	Y <input type="checkbox"/> N <input type="checkbox"/>
18. Are there any units covered for insurance under manufacturer's floor plan? (if yes how much)	Y <input type="checkbox"/> N <input type="checkbox"/>
19. Do you provide any winter/summer storage for customer's motorcycles, ATVs, snowmobiles, PWC, etc.?	Y <input type="checkbox"/> N <input type="checkbox"/>
20. If yes, number of units and what is the value of those units?	Y <input type="checkbox"/> N <input type="checkbox"/>
21. Where are the keys for the inventory and customer units kept?	
22. Have any crimes occurred or been attempted on your premises within the last three (3) years?	Y <input type="checkbox"/> N <input type="checkbox"/>
23. Is there a formal, written security policy in effect?	Y <input type="checkbox"/> N <input type="checkbox"/>
24. Does the businesses' promotional literature make any representations about the safety or security of the premises?	Y <input type="checkbox"/> N <input type="checkbox"/>
25. Do you demo any of your products?	Y <input type="checkbox"/> N <input type="checkbox"/>
26. Do you have customers sign a Demo Waiver?	Y <input type="checkbox"/> N <input type="checkbox"/>

27. Is it standard practice to have an employee escort customers on demo rides?	Y <input type="checkbox"/> N <input type="checkbox"/>
28. Are there controls in place for a customer to demo a product? (if yes please describe controls and also what products are customers allowed to demo)	Y <input type="checkbox"/> N <input type="checkbox"/>
29. Does the service department do any type of welding?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, what do you weld?	
30. Is the parts washer UL approved?	Y <input type="checkbox"/> N <input type="checkbox"/>
31. Do you install any trailer hitches?	Y <input type="checkbox"/> N <input type="checkbox"/>
32. Do you do any parts fabrication?	Y <input type="checkbox"/> N <input type="checkbox"/>
33. Are aisles adequately spaced and free from debris?	Y <input type="checkbox"/> N <input type="checkbox"/>
34. Any foreign operations, foreign products distributed in USA or US products sold/distributed in foreign countries?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
35. Do you provide motorcycle training classes?	Y <input type="checkbox"/> N <input type="checkbox"/>
36. Do you sell, service/repair or store boats other than personal watercraft?	Y <input type="checkbox"/> N <input type="checkbox"/>
37. Do you engage in any hull work, marina operations, or moorage?	Y <input type="checkbox"/> N <input type="checkbox"/>
38. Do you engage in any rental operations?	Y <input type="checkbox"/> N <input type="checkbox"/>
39. Do you adhere to all manufacturer guidelines when selling new or used products?	Y <input type="checkbox"/> N <input type="checkbox"/>
40. Do you loan out motorcycles to customers or others?	Y <input type="checkbox"/> N <input type="checkbox"/>
41. Do you take products to display in trade shows?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, what is the value?	
42. Are you responsible for products shipped to you from your manufacturers?	Y <input type="checkbox"/> N <input type="checkbox"/>
43. Do you rent equipment to others?	Y <input type="checkbox"/> N <input type="checkbox"/>
44. Do you sell insurance on your website?	Y <input type="checkbox"/> N <input type="checkbox"/>
45. Any exposure to flammables, explosives or chemicals?	Y <input type="checkbox"/> N <input type="checkbox"/>
46. Any exposure to radioactive/nuclear materials?	Y <input type="checkbox"/> N <input type="checkbox"/>
47. Do/have past, present or discontinued operations involve(d) storing, treating, discharging applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)	Y <input type="checkbox"/> N <input type="checkbox"/>
48. Are there any storage tanks above or below ground?	Y <input type="checkbox"/> N <input type="checkbox"/>
49. Can products/completed operations cause mold (microbial matter)?	Y <input type="checkbox"/> N <input type="checkbox"/>
50. Can property being shipped or in transit (by applicant or 3rd party carrier) pollute?	Y <input type="checkbox"/> N <input type="checkbox"/>
51. Can products manufactured pollute?	Y <input type="checkbox"/> N <input type="checkbox"/>



52. Do you store gasoline or oil in any container larger than a five gallon approved can?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please explain below in what capacity is it stored and if it is above or below ground.	
53. Do you have a procedure for periodic clean-up of areas and disposal of hazardous material? (i.e. gas/oil soaked rags, drained gas/oil, etc.)	Y <input type="checkbox"/> N <input type="checkbox"/>
54. Are rags stored in a UL (Underwriters' Laboratories) approved container?	Y <input type="checkbox"/> N <input type="checkbox"/>
55. Does the dealership do any spray painting?	Y <input type="checkbox"/> N <input type="checkbox"/>

EXPLANATION OF ALL YES RESPONSES

CLAIM DATA: (Obtain Loss Runs)	
Property:	
Premises Liability:	
Work Comp:	
Auto:	
Products:	
Other:	

AUTOMOBILE

OWNED OR LEASED VEHICLES

VIN	Year	Make/Model	Vehicle Usage (Business/Pleasure)	Radius	Cost New	Titleholder
				Local		
				Local		
				Local		
				Local		
				Local		

1. Are any vehicles not solely owned by and registered to the applicant?	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Do over 50% of the employees use their autos in the business?	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Is there a vehicle maintenance program in operation?	Y <input type="checkbox"/> N <input type="checkbox"/>
4. Are any vehicles leased or rented to others?	Y <input type="checkbox"/> N <input type="checkbox"/>
5. Are any vehicles customized, altered or have special equipment? (if yes list and describe below)	Y <input type="checkbox"/> N <input type="checkbox"/>
6. Are ICC, PUC or other filings required:	Y <input type="checkbox"/> N <input type="checkbox"/>
7. Do operations involve transporting hazardous material?	Y <input type="checkbox"/> N <input type="checkbox"/>
8. Any hold harmless agreements?	Y <input type="checkbox"/> N <input type="checkbox"/>
9. Any vehicles used by family members? If so, identify:	Y <input type="checkbox"/> N <input type="checkbox"/>
10. Are there any passengers carried for a fee?	Y <input type="checkbox"/> N <input type="checkbox"/>
11. Any units not owned and insured elsewhere?	Y <input type="checkbox"/> N <input type="checkbox"/>
12. Does the applicant obtain motor vehicle record or drivers history?	Y <input type="checkbox"/> N <input type="checkbox"/>
13. Does the applicant have a specific driver recruiting method?	Y <input type="checkbox"/> N <input type="checkbox"/>
14. Are any drivers not covered by Workers' Compensation?	Y <input type="checkbox"/> N <input type="checkbox"/>
15. Any drivers with convictions for moving traffic violations?	Y <input type="checkbox"/> N <input type="checkbox"/>
16. Any vehicles owned but not scheduled on this application?	Y <input type="checkbox"/> N <input type="checkbox"/>
17. Do you have personal vehicles insured elsewhere?	Y <input type="checkbox"/> N <input type="checkbox"/>

EXPLANATION OF ALL YES RESPONSES



WORKERS COMPENSATION

Number of Employees per Classification and Projected Payroll for Each Classification:

State	Class Code/Description	# of Employees	Payroll
	8380 / Service or Repair Center & Drivers		
	8748 / Salespersons		
	8810 / Office Clerical		
TOTAL PAYROLL:			

Officers – Included or Excluded (circle one)

How often do you have safety meetings?

1. Do you have a Safety Manual?	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Does applicant own, operate or lease aircraft/watercraft?	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Any work performed underground or above 15 feet?	Y <input type="checkbox"/> N <input type="checkbox"/>
4. Any work performed on barges, vessels, docks, bridges either above or in water?	Y <input type="checkbox"/> N <input type="checkbox"/>
5. Is applicant engaged in any other type of business?	Y <input type="checkbox"/> N <input type="checkbox"/>
6. Are sub-contractors used?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, give percentage of work subcontracted.	
7. Do Subcontractors carry coverage's or limits less than applicant?	Y <input type="checkbox"/> N <input type="checkbox"/>
8. Any work sublet without certificates of insurance?	Y <input type="checkbox"/> N <input type="checkbox"/>
9. Any group transportation provided?	Y <input type="checkbox"/> N <input type="checkbox"/>
10. Any employees under 16 or over 60 years of age:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
11. Any seasonal employees?	Y <input type="checkbox"/> N <input type="checkbox"/>
12. Is there any volunteer or donated labor?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please specify.	
13. Any employees with physical handicaps?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
14. Do employees travel out of state?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, indicate state(s) of travel and frequency	
15. Are athletic teams sponsored?	Y <input type="checkbox"/> N <input type="checkbox"/>
16. Are physicals required after offers of employment are made?	Y <input type="checkbox"/> N <input type="checkbox"/>
17. Are employee health plans provided?	Y <input type="checkbox"/> N <input type="checkbox"/>



18. Do you lease employees to or from other employers?	Y <input type="checkbox"/> N <input type="checkbox"/>
19. Are service employees required to wear safety equipment?	Y <input type="checkbox"/> N <input type="checkbox"/>
20. Are employee references checked prior to hiring?	Y <input type="checkbox"/> N <input type="checkbox"/>

EXPLANATION OF ALL YES RESPONSES

9 and 12 ADA Restricted Questions

CRIME

CRIME LIMITS REQUESTED

Employee Theft	\$
Depositors Forgery	\$
Money In and Out	\$
In Transit	\$
Forgery	\$
Computer Fraud	\$
Funds Transfer Fraud	\$
Money Orders & Counterfeit Currency Fraud	\$
Credit Card Fraud	\$
Client Coverage	\$

1. Is there an accounting audit performed?	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Audit frequency?	
3. Does the audit include inventory?	Y <input type="checkbox"/> N <input type="checkbox"/>
4. Who is the audit report rendered to?	
5. Are bank deposits reconciled by someone not authorized to deposit or withdraw?	Y <input type="checkbox"/> N <input type="checkbox"/>
6. Is countersignature of checks required? If not who signs?	Y <input type="checkbox"/> N <input type="checkbox"/>

7. Will securities be subject to joint control of two or more responsible employees?	Y <input type="checkbox"/> N <input type="checkbox"/>
8. Are all officers and employees required to take annual vacations of at least five consecutive business days?	Y <input type="checkbox"/> N <input type="checkbox"/>
9. What is the total value of assets in the company's 401k plan?	
10. Who is the current trustee of your 401k plan?	
11. Name of current Accounting Firm	
12. Name of current Law Firm	
13. Who currently processes your payroll?	
14. Do you run payroll weekly/bi-weekly/bi-monthly?	
15. If more than one owner, do you have a written Buy Sell Agreement?	Y <input type="checkbox"/> N <input type="checkbox"/>

UMBRELLA LIMITS REQUESTED:

\$



Please send completed application to:
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Vice President
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