



MOTORCYCLE SUPPLEMENT

TYPES OF VEHICLES	
Harley Davidson Motorcycles	%
Cruiser/Touring Motorcycles - Examples: Choppers, Harley Type, Indian, Trikes, etc.	%
Street Racing Motorcycles - Examples: CBR, Ducati, Kantana, Ninja etc.	%
Dirt Bikes	%
3 or 4-Wheel ATVs	%
Snowmobiles	%
Jet Skis	%
Mopeds, Gopeds, Scooters	%
Other:	%

TYPE OF SALES OR REPAIR	
Vehicle Sales	%
Accessory (uninstalled) Sales Receipts:	%
Used or Rebuilt Parts Sales Receipts:	%
Vehicle Repair - Brakes	%
Vehicle Repair - Engine	%
Vehicle Repair - Paint/Body	%
Vehicle Repair - Oil/Lube	%
Vehicle Repair - Rims & Tires	%
Vehicle Repair - Tune Ups	%
Structural Alterations (fork & frame)	%
Cosmetic Alterations Describe:	%
Other: Describe:	%

UNDERWRITING INFORMATION		
	Yes	No
1 Do Customers Test Drive vehicles? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
Is there a test track or area on the Insured's premises?	<input type="checkbox"/>	<input type="checkbox"/>
Do they verify the customer has a motorcycle endorsement on their license?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you sponsor special events (rallies, rides, shows, clubs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Describe: _____		
3 Any loaning, rental or extended test driving (overnight) of vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
If so, is that exposure covered elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you provide driving training or driver education courses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you build, construct, assemble or design motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>
Have you done so in the past or would you do so, if requested, in the future?	<input type="checkbox"/>	<input type="checkbox"/>

Witness

Date

Applicant's Signature



RECREATIONAL VEHICLE SUPPLEMENT

TYPE OF VEHICLES	
Private Passenger Types & Light Trucks	%
Recreational Vehicles	%
Campers	%
Travel Trailers	%
Other (Specify):	%

TYPE OF REPAIRS	
Alignment, Steering or Front End Suspension	%
Body Work	%
Brakes	%
Engine (Major)	%
Engine (Minor)	%
Hydraulic Work	%
LPG Repair	%
LPG Delivery	%
LPG Dispensing	%
Manufacturing/Fabricating (Specify):	%
Oil, Lube, Tune-Up	%
Painting (in UL approved spray booth)	%
Tires (New)	%
Tires (Used)	%
Trailer Hitch Installation or Repair	%
Trailer Repair	%
Welding	%
Other (Specify):	%

WORK LOCATIONS	
At Shop	%
Away From Premises - Customer's Location	%
Away From Premises - Roadside	%

UNDERWRITING INFORMATION		
	YES	NO
1. Any rental of RVs?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", is coverage in place elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are RV's taken to trade shows, fairs or other special events?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please explain: _____		

Witness

Date

Applicant's Signature

TYPE OF VEHICLES

Private Passenger Types & Light Trucks (0-10,000 Lbs. G.V.W.)	%
Medium Trucks (10,001-20,000 Lbs. G.V.W.)	%
Heavy Trucks (20,001-45,000 Lbs. G.V.W.)	%
Extra-Heavy Trucks (over 45,000 Lbs. G.V.W.)	%
Heavy Truck Tractors (0-45,000 Lbs. G.V.W.)	%
Extra-Heavy Truck Tractors (over 45,000 Lbs. G.V.W.)	%
Service or Utility Trailers (0-2000 Lbs. Load Capacity)	%
Trailers (Specify):	%
Semitrailers	%
Other (Specify):	%
	= 100 %

TYPE OF REPAIRS

Alignment, Steering or Front End Suspension	%
Body Work or Painting	%
Brakes	%
Engine (Major)	%
Engine (Minor)	%
Hydraulic Work	%
Manufacturing/Fabricating (Specify):	%
Oil, Lube, Tune-Up	%
Reefer	%
Tanker	%
Tires (New)	%
Tires (Used or Split Rim)	%
Trailer Hitch Installation	%
Trailer Repair	%
Welding	%
Other (Specify):	%
	= 100 %

WORK LOCATIONS

At Shop	%
Away From Premises – Customers Location	%
Away From Premises - Roadside	%
	= 100 %

1. Diversion of traffic required?
2. Any out-of-state pickup or delivery?
3. Do all drivers have a CDL?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |



VALET PARKING SUPPLEMENT

Valet Parking Locations (coverage will only be provided for addresses listed):

Loc. #1 _____

Loc. #2 _____

Loc. #3 _____

Loc. #4 _____

Loc. #5 _____

1. Are you the owner of the premises? Yes No

If yes, is Commercial General Liability in place? Yes No

2. Do you drive or park customer's cars on or across any public streets? Yes No

3. Are any employee/drivers under 21 years old? Yes No

4. Do you utilize a two-part or three-part ticket system? Yes No

5. Are customers cars left over night? Yes No

6. Are keys secured in a locked cabinet or attended by an employee at all times? Yes No

7. Do you offer valet parking for special events or locations not listed above? Yes No

If yes, approximately how many special events per year and describe: _____

8. Number of valet parking spaces available: _____

9. What is the average value of per vehicle? _____

10. What are the hours and days of operation? _____

11. Name & type of establishment that the valet parking is for? _____

Witness

Date

Applicant's Signature