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 CA #0334819

FRANCHISED DEALERSHIP SUPPLEMENTAL

(To be completed with applicable ACORD Applications)

I. **Named Insured:** _____ **Effective Date:** _____

<u>II. Type of Product</u>	<u>List Manufacturer(s)</u>	<u>Receipts</u>
Motorcycles	_____	\$ _____
Yamaha Rhinos	_____	\$ _____
ATV/UTV (other than Yamaha Rhinos)	_____	\$ _____
Snowmobiles	_____	\$ _____
Personal Watercraft	_____	\$ _____
Boats	_____	\$ _____
Lawn & Garden	_____	\$ _____
Generators	_____	\$ _____
Chainsaws	_____	\$ _____
Sporting Goods	_____	\$ _____
Other	_____	\$ _____
Used Cars/Trucks	(# _____ per year)	\$ _____
	Parts & Accessories	\$ _____
	Service & Repair	\$ _____
	Total Receipts	\$ _____

Percentage of total units sold: _____% New _____%Used

III. Protective Measures (check all that apply)

	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>		<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>
Building Sprinklered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Central Alarm/Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighted Premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Central Alarm/Burglar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Area Restricted Access Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security Guard and/or Guard Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Smoking Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner Lives on Premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metal Bars/Gates on Windows/Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. General Information

- a. Do you store gasoline or oil in any container larger than a five gallon approved can? Yes No
 If yes, what capacity? _____ Above or below ground? _____
- b. Do you demo any of your products? Yes No
 Do you have customers sign a Demo Waiver? Yes No
 Is it the dealerships standard practice to have an employee escort customers on demo rides? Yes No
 What controls are in place before allowing a customer to demo? _____
 What products are demonstrated? _____
 Do you qualify a customer's capability for demoing the units? Yes No
- c. Do you store any inventory outside? Yes No
 If yes, how much? Crated \$ _____ Assembled \$ _____ Customers \$ _____
 Is it secured in a locked fenced area? Yes No
 Is the fence connected to a central station alarm? Yes No
 Is there a plan to move units/items stored outside to the inside prior to severe weather? Yes No
 If yes, please explain plan: _____
- d. What type of safety procedures do you have in place? Describe in detail or attach a copy of your procedures if preferable. _____

- e. How often are safety meetings held? _____
- f. Do you have a safety manual? Yes No
- g. Is safety literature distributed and posted? Yes No
- h. Is smoking allowed in the shop area? Yes No
- i. Are employee references checked prior to hiring? Yes No

- j. Are employees long term with low turnover? Yes No
- k. Does the service department do any type of welding? Yes No
If yes, provide details. _____
-
- l. Has management cooperated with company loss control recommendations in the past? Yes No
- m. Do you have a procedure for periodic clean-up of areas and disposal of hazardous material? Yes No
(ie., gas/oil, soaked rags, drained gas/oil, etc.)
Are rags stored in a UL approved container? Yes No
- n. Is the parts washer UL approved? Yes No
- o. Do you install any trailer hitches? Yes No
- p. Do you make any vehicle alterations or complete any service/repair work that would negate a manufacturer warranty? Yes No
If yes, explain _____
-
- q. Any parts fabrication? Yes No
- r. Are aisles adequately spaced and free from debris? Yes No
- s. Are service employees required to wear safety equipment? (ie., safety glasses, steel toe shoes, etc.) Yes No
- t. In the past 5 years has there been flooding in the areas around your location(s)? Yes No
- u. Do you provide motorcycle safety training classes? Yes No
- v. Do you sell, service/repair or store boats other than personal watercraft? Yes No
- w. Is the insured engaging in any hull work, marina operations, evasive repairs, moorage or rental operations? Yes No
If yes, please describe _____
-
- x. Do you adhere to all manufacturer guidelines when selling new or used products? Yes No
- y. What is the insured's website address? _____
- z. Are there any units covered for insurance under manufacturer's floor plan? Yes No
If yes, how much? _____
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- aa. What is the insured's FEIN number? _____
- ab. Do you provide any winter/summer storage for customers motorcycles, atv's, snowmobiles, pwc, etc? Yes No
If yes, how many units? _____ What is the total value of these units? _____
- ac. Where are the keys for the inventory and customers units kept? _____
- ad. Does the insured do any spray painting? Yes No
If yes, provide details. _____
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- ae. Do you loan out motorcycles to customers or others? Yes No
If yes, how often? _____
- af. Do you take products to display in trade shows? Yes No
If yes, what is the value of your products displayed? \$ _____
- ag. Are you responsible for products shipped to you from your manufacturer/distributor? Yes No
If yes, complete and include an Acord 143 (Transportation Section) application.
- ah. Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium or major amusement park? Yes No
If yes, explain _____
-
- ai. Do you sell or service motorcycles for any law enforcement entities? Yes No
- aj. Are employee test rides conducted on a pre-determined course on streets in good repair with limited traffic? Yes No
- ak. Are all traffic laws and speed limits adhered to by employees on test rides? Yes No
- al. Are helmets, proper clothing and footwear worn during employee test rides? Yes No
- am. Are employee test rides only permitted/conducted during daylight hours under suitable weather and road conditions? Yes No

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Date (MM/DD/YY)

Producer's Signature

Date (MM/DD/YY)

Applicant's Name (print)

Producer's Name (print)