



Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

MOTORCYCLE AND RECREATION EQUIPMENT DEALERS

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED EFFECTIVE DATE: _____

Applicant: _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Years Experience: _____

Contact Person is: Owner Manager Promoter Management Other: _____

Day Phone: _____ Evening Phone: _____ Fax Number: _____

Web Address: _____ E-mail: _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture Other (please describe): _____

Annual Payroll: \$ _____ Total # of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Completed Claims and Loss History form attached (REQUIRED)? Yes No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Please check all that apply:

- Garage Liability
- Owned Autos (business use only)
- Garage Keeper’s Legal Liability (GKLL)
- Contracted Property Damage: legal liability for vehicles on sale
- Liability Insurance: Physical Damage to owned vehicles used for business only.
- In-Tow/Cargo coverage for owned Tow Trucks
- DOL

Garage Liability Limits

- \$25,000/\$75,000
- \$50,000/\$100,000
- \$100,000/\$200,000
- \$150,000/\$300,000
- \$200,000/\$400,000
- \$250,000/\$500,000
- \$500,000/\$1,000,000

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

GKLL - Garage Keepers Legal Liability Limits

- Specified Causes of Loss—fire, theft, explosion, mischief and vandalism. \$1,000 Deductible for each covered auto
- Collision. \$1,000 deductible for each covered auto

	LIMIT AT EACH LOCATION
Loc. #1	<input type="radio"/> \$
Loc. #2	<input type="radio"/> \$
Loc. #3	<input type="radio"/> \$

Dealers Open Lot Coverage Limits

- Specified Causes of Loss—fire, theft, explosion, mischief and vandalism. \$1,000 Deductible for each covered auto
- Collision. \$1,000 deductible for each covered auto

	LIMIT AT EACH LOCATION
Loc. #1	<input type="radio"/> \$
Loc. #2	<input type="radio"/> \$
Loc. #3	<input type="radio"/> \$

3. Business Activities

1. List all location(s) owned or from which you operate (use separate sheet if necessary). Please list address, city, state and description of use. Show main location as number 1.

	NUMBER AND STREET	CITY	COUNTY	STATE	ZIP CODE
Loc. 1					
Loc. 2					
Loc. 3					

2. Estimated annual gross receipts:

- a. Retails sales: \$ _____
- b. Service department sales and service income: \$ _____
- c. Other: _____ \$ _____
- d. Total: \$ _____

3. Do you consign units for sale to other retail dealers? Yes No
 If yes, how are they insured? _____

4. Number of employees:

	Full Time	Part Time
Owners, Proprietors, Partners, Executives		
Managers		
Sales persons		
Service employees		
All other employees		

5. Estimated annual payroll: \$ _____

6. Check or separately list all franchises within the dealership:

- Arctic Cat Ducat Kawasaki Suzuki Other (please list):
- BMW Harley-Davidson KTM Yamaha Other (please list):
- Bom Bardier Honda Motoguzi John Deer Other (please list):
- Cagina Hysuyarmia Polaris Other (please list):

7. Provide the percentage of gross annual receipts based on the following breakdown:

ATVs	%	Service Income	%
Accessories Sales	%	Snow Blowers	%
Campers/Trailers	%	Snowmobiles	%
Dune Buggies	%	Scooters / Mopeds	%
Go Carts	%	Parts Sales	%
Lawn and Yard Equipment	%	Water Craft (boats)	%
Motorcycle Sales	%	Water Craft (personal)	%
Sailboats	%	Other (please describe):	%

- 8. Is watercraft sold? Yes No
 - a. If yes, longer than 26 feet? Yes No

b. List brands and gross receipts:

Boats less than 26'	Brand:	Receipts:
Boats over 26'	Brand:	Receipts:
Kawasaki	\$	No. Sold:
Yamaha	\$	No. Sold:
Polaris	\$	No. Sold:
Sea Doo	\$	No. Sold:
Other: _____	\$	No. Sold:

9. Are owners of business active in the operations? Yes No

10. Are all service records maintained for immediate access for up to 3 years? Yes No

11. Security & Protection of property:

a. Is storage lot chained Yes No

b. Is open lot fenced? Yes No

c. Is lot completely floodlighted at night? Yes No

d. Is an alarm system used on lot? Yes No

e. Is an alarm system used on buildings? Yes No

f. Is there police or other protection? Yes No

g. Are attendants or night watchmen employed? Yes No

h. Are dogs on the premises? Yes No

i. Are buildings sprinkler protected? Yes No

j. Do you pick up or deliver property for repair? Yes No

k. Does member engage in auto or equipment dismantling? Yes No

l. Does member own or operate tank trucks? Yes No

m. Does member own or sponsor racing vehicles? Yes No

n. Do you rent or loan property for sale to your customers? Yes No

o. Do you repossess property sold? Yes No

p. Do you sell or provide propane or natural gas? Yes No

q. Identify any gasoline storage systems: _____

12. List property for sale that you allow to be tested:

Cycles Yes No Watercraft Yes No

ATVs Yes No Snowblowers Yes No

Snowmobiles Yes No Other: _____ Yes No

13. Identify demonstration procedures followed: _____

14. Are indemnification agreements such as "release of liability" or "assumption of risk" signed? Yes No
 If no, would you be willing to assume a warranty that all demonstration will include the signing of a release form prior to the activity? Yes No

15. Describe procedures for employee operation and testing of customer's property which is being serviced:

16. Indicate how many:

- a. Dealer Plates: _____
- b. Transportation Plates: _____
- c. Vehicles licensed in the name of the business: _____

17. Average number of units for sale at any one time: _____

18. Present value of all property for sale: Property: \$ _____ Parts: \$ _____

19. How is property for sale acquired?

Manufacturer	%
Franchise Distributor	%
Private parties	%
Wholesale	%
Other (please describe):	%

20. Lots

- a. If autos are outside, is lot a protected lot completely enclosed by a chain link fence or chain and posts not more than four feet apart? Yes No
- b. Is lot completely enclosed by a chain link fence or chain and posts not more than six feet apart? Yes No
- c. Is lot completely floodlighted? Yes No
Please explain: _____
- d. Do you use guard dogs? Yes No
Please explain: _____
- e. Is their police or other protection? Yes No
Please explain: _____
- f. Do you pick up or deliver property? Yes No
Please explain: _____
- g. Do you rent or loan property for sale to your customers? Yes No
Please explain: _____
- h. Do you repossess property sold? Yes No
1. Number of repossessions annually: # _____

21. If coverage is desired for business autos, complete the Business Auto application and supplemental forms.

22. Complete the following table if Dealer's Open Lot (DOL) insurance coverage is to be quoted. You must also complete a list identifying all parties that you are contractually obligated to provide Property Damage coverage to on property for sale.

Watercraft includes: boats, personal watercraft, outboards, and similar equipment for sale.

Trailers includes: travel trailers, camp trailers, motorcycle/snowmobile/personal watercraft trailers, and similar non motorized travel equipment with wheels.

Motor Stock includes: motorcycles, scooters, mopeds, ATV's, golf carts, dune buggies, go carts, etc.

Winter Stock includes: snowmobiles, skis, four wheel drive snow removing equipment

23. Provide average inventory by month for last 12 months:

	PARTS	ACCESSORIES	LAWN/SNOW REMOVAL AND GARAGE EQUIP.	WATER CRAFT	WINTER STOCK	TRAILERS	MOTOR STOCK OTHER
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the Garage Services and Equipment Dealers Liability Association of America, Inc., a qualified

“Purchasing Group” under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as “Participating Members.” The Association’s program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member’s state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant’s request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association’s Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association’s Purchasing Group’s principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant’s state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member’s state of residence.

Dated: _____

Applicant:

Signature

Print Name



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

APPLICATION FOR MEMBERSHIP

The Garage Services and Equipment Dealers Liability Association of America, Inc. has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$75.00. Annual membership dues are \$5.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Contact Person: _____
4. Day Phone: _____ Evening Phone: _____ Fax Number: _____
5. Type of business conducted: _____
6. How many years have you been in business? _____
7. States of Operation: _____
8. Please list below the name and address of any other association you are currently a member of:

Dated: _____

Applicant:

Signature

Print Name