



MOTORCYCLE, WATERCRAFT & OFF ROAD VEHICLE QUESTIONNAIRE

This Questionnaire is supplemental to a Garage Renewal Application.

Business Trade Name _____

1. What percentage of your operations involve:

| | | | |
|--|---|-------------------------|-----------|
| Motorcycles | % | Dune Buggies/Sand Rails | % |
| ATV's | % | Go-Karts | % |
| Dirt Bikes | % | Snowmobiles | % |
| Mopeds/Scooters <i>Provide lowest # of CCs</i> _____ | % | Other (describe): | % |
| Watercraft <i>Is there any in-water or marina exposure?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | % | | |

2. Is above inventory stored inside a building at night? Yes No
 If "Yes", do you have a Central Station Alarm (CSA)? Yes No

If not inside and/or no CSA, provide details:

3. Do you permit off premises test drives? Yes No
 If "Yes", do you have a specified route? Yes No
 a. Is this route a distance of one (1) mile or less? Yes No

If "No", provide details:

b. Do you allow customers under age twenty-one (21) to test drive? Yes No
 c. Do you require customers to have a motorcycle license? Yes No

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 (who, type of vehicle):

6. Do employees who drive have the required endorsement on their Drivers License? Yes No N/A

7. What are your annual sales to customers for each of these categories? (add Related Operations)

Uninstalled Parts \$ _____ Clothing & Accessories \$ _____

8. Racing

a. Do you own a vehicle with a racing or exhibition exposure?

Yes No

If "Yes", provide details:

b. Do you service any vehicles involved in racing or exhibition events?

Yes No

If "Yes", _____ %

Details:

9. Do you perform any of the following:

| | | | |
|---|---|------------------|---|
| Customization or Fabrication | % | Fuel Conversions | % |
| Structural Alterations (Fork & Frame) | % | Custom Building | % |
| Alter original performance specifications | % | | |

If any of the above, provide details:

10. Do you convert bikes to trikes?

Yes No

If "Yes", provide details. If kit is used, include name of kit manufacturer:

11. Do you loan or rent motorcycles?

Yes No

If "Yes", is coverage for this exposure in place elsewhere?

Yes No

12. Do you sell motorcycles tires?

Yes No

If "Yes",

a. What percentage of tires sold are: New Tires _____% Used Tires _____%

b. Do you perform quality control to verify proper installation?

Yes No

c. Do you sell new tires manufactured more than three (3) years ago?

Yes No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

| | |
|-----------------------|------|
| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|