

## MOTORCYCLE SUPPLEMENTAL APPLICATION

1. Applicant/Insured's Name: \_\_\_\_\_
2. Years experience:  
Motorcycle dealership/non-dealership owner: \_\_\_\_\_  
Specifically with motorcycle: Sales \_\_\_\_\_ Repair \_\_\_\_\_ Rebuilding \_\_\_\_\_
3. What percentage of your operation involves:  
Motorcycles \_\_\_\_\_% Go Karts \_\_\_\_\_% Watercraft \_\_\_\_\_%  
ATVs/UTVs \_\_\_\_\_% Dirt Bikes \_\_\_\_\_% Other \_\_\_\_\_% Describe: \_\_\_\_\_  
Mopeds/Scooters \_\_\_\_\_% Trikes \_\_\_\_\_%
4. If inventory stored outside, describe how motorcycles are protected: \_\_\_\_\_
5. Do you permit off premises test drives? .....  Yes  No  
Any overnight? .....  Yes  No
6. Is anyone furnished a vehicle for personal use or as a demo? .....  Yes  No  
If yes, advise who is furnished: \_\_\_\_\_
7. Is proof of motorcycle license and auto insurance checked prior to all test drives? .....  Yes  No
8. Do you perform any customization or fabrication? .....  Yes  No  
If so, what percentage? ..... \_\_\_\_\_%  
Provide details of work performed: \_\_\_\_\_  
\_\_\_\_\_
9. Do you perform structural alterations (Fork & Frame)? .....  Yes  No  
If so, what percentage? ..... \_\_\_\_\_%  
Provide details of work performed: \_\_\_\_\_  
\_\_\_\_\_
10. Do you convert bikes to trikes? .....  Yes  No  
If so, what percentage? ..... \_\_\_\_\_%  
Provide details of work performed: \_\_\_\_\_  
\_\_\_\_\_
11. Do you manufacture bikes or bike parts? .....  Yes  No  
If so, what percentage? ..... \_\_\_\_\_%  
Provide details of work performed: \_\_\_\_\_  
\_\_\_\_\_

12. Do you perform assembly of bikes? .....  Yes  No  
If so, what percentage? ..... %  
Provide details of work performed: \_\_\_\_\_  
\_\_\_\_\_

13. Do you alter the original performance of manufacturer specifications? .....  Yes  No  
If so, provide details: \_\_\_\_\_  
\_\_\_\_\_

14. Do you own or service any motorcycles for racing purposes? .....  Yes  No

15. Do you loan or rent motorcycles to others? .....  Yes  No

16. Do you allow any off premises or overnight test drives? .....  Yes  No

**FRAUD WARNINGS: Attach completed WHI APP-152, State Fraud Notification Compliance form.**

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_