

MOTORCYCLE & OFF-ROAD VEHICLE QUESTIONNAIRE

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER *COLONY INSURANCE COMPANY* OR *COLONY SPECIALTY INSURANCE COMPANY*, AN AUTHORIZED SURPLUS LINES INSURER OR *ARGONAUT INSURANCE COMPANY* OR *ARGONAUT MIDWEST INSURANCE COMPANY*, A LICENSED INSURER.

Business Trade Name _____

1. Are you a franchised Harley Davidson Dealer? Yes No

2. Do you sell, service or repair Golf Carts? Yes No
If yes, what % of total operations involve Golf Carts? _____%

3. What percentage of your total operation involve the vehicles listed below? _____%

(check all that apply to your operation)

- | | |
|--|--|
| <input type="checkbox"/> ATVs / UTVs/ Side-by-Sides / Razors | <input type="checkbox"/> Go-Karts |
| <input type="checkbox"/> Dirt Bikes | <input type="checkbox"/> Motorcycles (Other Than Harley Franchise) |
| <input type="checkbox"/> Dune Buggies / Sand Rails | <input type="checkbox"/> Mopeds / Scooters |
| <input type="checkbox"/> Electric Bicycles | Provide lowest # of CCs: _____ |
| Provide lowest voltage: _____ | <input type="checkbox"/> Snowmobiles |
| <input type="checkbox"/> Other (Describe) _____ | |

4. Do employees who drive have the required endorsement on their Driver's License? Yes No

SALES QUESTIONS

5. Are all of the units held for sale manufactured in the U.S.? Yes No

If "No", do you obtain the units from a distributor located within the U.S.? Yes No

If "Yes" provide name and address of your distributor(s) located within the U.S.:

6. Is above inventory or customers' vehicles 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:

7. 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

8. Is anyone furnished one of these vehicles for personal use or as a demo? Yes No

If "Yes", provide details (who, type of vehicle):

9. What are your annual sales to customers for each of these categories? (add Related Operations)
 Uninstalled Parts \$ _____ Clothing & Accessories \$ _____

SERVICE AND REPAIR

10. Do you perform any of the following?

Alter original performance specifications	%	Fuel Conversions	%
Customization or Fabrication	%	Roll Bars and/or Roll Cages	%
Custom Building	%	Structural Alterations (Fork & Frame)	%

If performing any of the above, provide details:

11. Do you convert bikes to trikes? Yes No

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

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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