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RECREATION AND HOME EQUIPMENT

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer Name: _____ Producer Phone Number: _____

Producer Email: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

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

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

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: _____

B. 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 ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

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: _____

C. Desired Insurance

COVERAGE TYPE:

- Automobile Liability (business use only)
- Commercial Liability
- Garage Keeper's Legal Liability (GKLL)
- Physical Damage on Inventory for Sale (Dealer's Open Lot)
- Other Coverage (plead describe):
- Transportation of sold property to premises of buyer

Limit of Liability - Professional Liability Coverage:

| | Per Act/Aggregate | OR | Per Person/Per Act/Aggregate |
|--------------------------|---------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | \$50,000/\$100,000 | <input type="checkbox"/> | \$25,000/\$50,000/\$100,000 |
| <input type="checkbox"/> | \$150,000/\$300,000 | <input type="checkbox"/> | \$75,000/\$150,000/\$300,000 |

| | | | |
|--------------------------|-----------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | \$250,000/\$1,000,000 | <input type="checkbox"/> | \$100,000/\$250,000/\$1,000,000 |
| <input type="checkbox"/> | \$500,000/\$1,000,000 | <input type="checkbox"/> | \$250,000/\$500,000/\$1,000,000 |
| <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | Other: _____ |

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

Property Damage Liability

Indicate Limit of Coverage on property for sale that you are requesting, per location to be insured:

| Location 1 | Location 2 | Location 3 |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$75,000 |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$100,000 |

Property for sale (stock) must be reported on a pre-set schedule. Select one of the options noted:

- Monthly Reporting
- Quarterly Reporting
- Non-Reporting (Non-Reporting will be subject only to an annual audit)

Garage Keepers Legal Liability

Indicate Limit of Coverage that you are requesting for customer's vehicles in your care, custody, and control, per location to be insured:

| Location 1 | Location 2 | Location 3 |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$75,000 |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$100,000 |

D. Business Activities

1. Estimated annual gross receipts: \$ _____

| | |
|--|----|
| Retail Sales | \$ |
| Service Department sales or service income | \$ |
| Other: | \$ |

2. Estimated annual payroll: \$ _____

Full-Time: \$ _____ Part-Time: \$ _____

3. Do you consign units for sale to other retail dealers? Yes No

If yes, how are they insured? _____

4. Check or separately list all the 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): _____

5. List principal manufacturers products you sell new: _____

6. Provide the percentage of your 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): | % |

7. 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: |

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

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

10. Describe security lighting: _____

11. Is property patrolled by a paid security company? Yes No

If yes, who is your security company? _____

How often is property patrolled? _____

12. Describe property fencing protection: _____

13. Is there a gasoline storage system? Yes No

a. Describe storage system:

b. How many tanks are there? _____

c. Would you like an underground storage tank insurance quote? Yes No

14. 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

15. Identify demonstration procedures followed:

16. 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

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

18. Indicate how many:

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

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

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

21. How is property for sale acquired?

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

22. 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: # _____

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

24. Complete the following table if Dealer's Open Lot 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.

Water Craft 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

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 Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application 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 Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the 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 Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application 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 Insurer 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 Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) 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 Insurer's accounting office receives the required premium payment.

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

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name