

FRANCHISED MOTORCYCLE & POWERSPORT DEALERSHIPS

Approved Manufacturer Brands:

- Aprilia
- Arctic Cat
- Bad Boy ATV
- Bennche
- Big Bear American Made Choppers, Inc.
- BMW
- Bombardier
- Boss Hoss
- Bourget's Bike Works
- California Side Car
- Can-am
- Champion Side Car
- Derbi
- Ducati
- E-TON
- EZ-GO
- Genuine Scooters
- Gilera
- Harley-Davidson
- Honda
- Husqvarna/Cagiva USA
- Hyosung
- Indian
- Kawasaki
- Knievel
- KTM
- Kymco
- Lehman Trikes, Inc.
- Lynx
- Mahindra Roxor
- Moto Guzzi
- Motor Trike, Inc.
- Orange County Choppers
- Piaggio
- Polaris
- Royal Enfield
- Saxon
- SeaDoo
- Segway
- Schwinn Motor Scooters
- SkiDoo
- Suzuki
- The Trike Shop
- Tomberlin - Golf Carts
- Triumph
- Ural
- Vespa
- Yamaha
- Zero

Key Underwriting/Qualifying Factors

(Including but not limited to):

- \$7,500 & \$10,000 minimum account premium, depending on state filing

Common Associated Exposures:

- Demo rides
- Parts & accessories sales
- Service & repair
- Storage of customer units

K&K Benefits:

- Experienced & professional staff dedicated to servicing the K&K Franchised Motorcycle & Powersport Dealership Program for over 30 years
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best

The Franchised Motorcycle & Powersport Dealership Program has been specifically designed to provide dealerships selling powersports products with a comprehensive package policy including optional excess, employment related practices liability and workers' compensation. Eligible dealership operations sell products including motorcycles, ATVs, snowmobiles, watercraft, etc. Liability coverage is limited to approved manufacturer brands.

Coverages Available:

Garage

- Demo Liability (including watercraft)
- Hired and Nonowned Auto Liability and Physical Damage
- Federal Odometer
- Title E&O
- Truth-in-lending
- Agents E&O
- False Pretense
- Damage to Product and Work
- Dealers Physical Damage
- Drive-away Collision Coverage
- Transit & Temporary Locations
- Garagekeepers

General Liability

Property

- Buildings; Business Personal Property; Business Income/Extra Expense
- False Pretense
- Equipment Breakdown
- Property Enhancement Endorsements

Inland Marine

Crime

Excess Liability

Employment Practices Liability

Workers' Compensation

Program Highlights:

- Interest-free payment plans available.
- Boats manufactured by Bombardier and Yamaha can be insured for liability, physical damage and includes demonstration coverage.
- Personal Watercraft coverage is limited to the acceptable manufacturer brands.
- Program is available to approved manufacturer brand dealerships without motorcycle sales.
- Audit and Reporting processes eliminated.
- Inventory values can be rated on prior 12-month average values.

Insuring the world's fun[®]

Contact Information:

1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338

Franchised Motorcycle & Powersport Dealership Program

PHONE: 800.552.9253
FAX: 260.459.5511

EMAIL:
KK.Dealership@kandkinsurance.com

WEB SITE:
kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

Submission Instructions:

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

Preliminary Underwriting Information Required:

- Application(s) (see below)
- Five years of company loss runs, as applicable
- Employee list with name, date of birth, license number, job title and if furnished a vehicle
- List of owned vehicles
- If a new venture, a business plan, ProForma and a narrative detailing owner's experience (required)
- Prior 12-month inventory values

Motorcycle & Powersport Dealership Application(s):

(Applications can be obtained from our web site: kandkinsurance.com)

K&K Application(s)

- Franchised Dealership Supplemental

ACORD Application(s)

- Property
- General Liability
- Garage
- Crime
- Inland Marine
- Excess Liability
- Workers' Compensation

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 P.O. Box 2338
 Fort Wayne, Indiana 46801
 (800) 552-9253 Fax (260) 459-5511
 www.kandkinsurance.com
 CA #0334819

FRANCHISED DEALERSHIP SUPPLEMENTAL

(To be completed with applicable ACORD Applications)

I. **Named Insured:** _____ **Effective Date:** _____

<u>II. Type of Product</u>	<u>List Manufacturer(s)</u>	<u>Receipts</u>
Motorcycles	_____	\$ _____
Yamaha Rhinos	_____	\$ _____
ATV/UTV (other than Yamaha Rhinos)	_____	\$ _____
Snowmobiles	_____	\$ _____
Personal Watercraft	_____	\$ _____
Boats	_____	\$ _____
Lawn & Garden	_____	\$ _____
Generators	_____	\$ _____
Chainsaws	_____	\$ _____
Sporting Goods	_____	\$ _____
Other	_____	\$ _____
Used Cars/Trucks	(# _____ per year)	\$ _____
	Parts & Accessories	\$ _____
	Service & Repair	\$ _____
	Total Receipts	\$ _____

Percentage of total units sold: _____% New _____%Used

III. Protective Measures (check all that apply)

	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>		<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>
Building Sprinklered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Central Alarm/Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighted Premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Central Alarm/Burglar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Area Restricted Access Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security Guard and/or Guard Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Smoking Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner Lives on Premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metal Bars/Gates on Windows/Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. General Information

- a. Do you store gasoline or oil in any container larger than a five gallon approved can? Yes No
 If yes, what capacity? _____ Above or below ground? _____
- b. Do you demo any of your products? Yes No
 Do you have customers sign a Demo Waiver? Yes No
 Is it the dealerships standard practice to have an employee escort customers on demo rides? Yes No
 What controls are in place before allowing a customer to demo? _____
 What products are demonstrated? _____
 Do you qualify a customer's capability for demoing the units? Yes No
- c. Do you store any inventory outside? Yes No
 If yes, how much? Crated \$ _____ Assembled \$ _____ Customers \$ _____
 Is it secured in a locked fenced area? Yes No
 Is the fence connected to a central station alarm? Yes No
 Is there a plan to move units/items stored outside to the inside prior to severe weather? Yes No
 If yes, please explain plan: _____
- d. What type of safety procedures do you have in place? Describe in detail or attach a copy of your procedures if preferable. _____

- e. How often are safety meetings held? _____
- f. Do you have a safety manual? Yes No
- g. Is safety literature distributed and posted? Yes No
- h. Is smoking allowed in the shop area? Yes No
- i. Are employee references checked prior to hiring? Yes No

- j. Are employees long term with low turnover? Yes No
- k. Does the service department do any type of welding? Yes No
If yes, provide details. _____
-
- l. Has management cooperated with company loss control recommendations in the past? Yes No
- m. Do you have a procedure for periodic clean-up of areas and disposal of hazardous material? Yes No
(ie., gas/oil, soaked rags, drained gas/oil, etc.)
Are rags stored in a UL approved container? Yes No
- n. Is the parts washer UL approved? Yes No
- o. Do you install any trailer hitches? Yes No
- p. Do you make any vehicle alterations or complete any service/repair work that would negate a manufacturer warranty? Yes No
If yes, explain _____
-
- q. Any parts fabrication? Yes No
- r. Are aisles adequately spaced and free from debris? Yes No
- s. Are service employees required to wear safety equipment? (ie., safety glasses, steel toe shoes, etc.) Yes No
- t. In the past 5 years has there been flooding in the areas around your location(s)? Yes No
- u. Do you provide motorcycle safety training classes? Yes No
- v. Do you sell, service/repair or store boats other than personal watercraft? Yes No
- w. Is the insured engaging in any hull work, marina operations, evasive repairs, moorage or rental operations? Yes No
If yes, please describe _____
-
- x. Do you adhere to all manufacturer guidelines when selling new or used products? Yes No
- y. What is the insured's website address? _____
- z. Are there any units covered for insurance under manufacturer's floor plan? Yes No
If yes, how much? _____
-
- aa. What is the insured's FEIN number? _____
- ab. Do you provide any winter/summer storage for customers motorcycles, atv's, snowmobiles, pwc, etc? Yes No
If yes, how many units? _____ What is the total value of these units? _____
- ac. Where are the keys for the inventory and customers units kept? _____
- ad. Does the insured do any spray painting? Yes No
If yes, provide details. _____
-
- ae. Do you loan out motorcycles to customers or others? Yes No
If yes, how often? _____
- af. Do you take products to display in trade shows? Yes No
If yes, what is the value of your products displayed? \$ _____
- ag. Are you responsible for products shipped to you from your manufacturer/distributor? Yes No
If yes, complete and include an Acord 143 (Transportation Section) application.
- ah. Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium or major amusement park? Yes No
If yes, explain _____
-
- ai. Do you sell or service motorcycles for any law enforcement entities? Yes No
- aj. Are employee test rides conducted on a pre-determined course on streets in good repair with limited traffic? Yes No
- ak. Are all traffic laws and speed limits adhered to by employees on test rides? Yes No
- al. Are helmets, proper clothing and footwear worn during employee test rides? Yes No
- am. Are employee test rides only permitted/conducted during daylight hours under suitable weather and road conditions? Yes No

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Date (MM/DD/YY)

Producer's Signature

Date (MM/DD/YY)

Applicant's Name (print)

Producer's Name (print)



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VEHICLE REGISTRATION FORM

Insuring the world's fun!

VEHICLE REPORTING STATES: Please complete the below or attach your vehicle registration copies.

AZ, AR, CO, FL, GA, KS, KY, LA, MD, NE, NV, NM, NC, OR, PA, UT, VA, NY, WV

NAMED INSURED

Named insured: _____

REGISTRATION AND VEHICLE INFORMATION

Registered to: _____ FEIN #: _____

Address: _____

City: _____ State: _____ Zip: _____

Vehicle number: _____ Year: _____ Make: _____ Model: _____

Original cost new: \$ _____ Garaging state: _____ VIN: _____

In the state of WV include plate number: _____

Registered to: _____ FEIN #: _____

Address: _____

City: _____ State: _____ Zip: _____

Vehicle number: _____ Year: _____ Make: _____ Model: _____

Original cost new: \$ _____ Garaging state: _____ VIN: _____

In the state of WV include plate number: _____

Registered to: _____ FEIN #: _____

Address: _____

City: _____ State: _____ Zip: _____

Vehicle number: _____ Year: _____ Make: _____ Model: _____

Original cost new: \$ _____ Garaging state: _____ VIN: _____

In the state of WV include plate number: _____

Registered to: _____ FEIN #: _____

Address: _____

City: _____ State: _____ Zip: _____

Vehicle number: _____ Year: _____ Make: _____ Model: _____

Original cost new: \$ _____ Garaging state: _____ VIN: _____

In the state of WV include plate number: _____

IF MORE SPACES ARE REQUIRED, PLEASE CONTINUE ON ANOTHER SHEET OF PAPER

Signature: _____ Title: _____ Date: _____

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2021/09)

NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)