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TREK DEALER INSURANCE APPLICATION

GENERAL INFORMATION

Name Insured: _____

Principal Contact: _____

Mailing Street Address: _____

Mailing City: _____ State: _____ Zip _____

Location Street Address: _____

Location City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Effective Date: _____ Website: www. _____

Email Address: _____

Business Type: Corporation Partnership Individual LLC Other

Additional Coverage Requested: Workers' Comp Business Auto Umbrella Cyber Liability

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$

BUILDING INFORMATION

Tenant Owner

of Stories _____ Year Built _____ Sq. Ft. _____ Replacement Value \$ _____
(if owned by you)

Year of Updates _____ Electrical _____ Roof _____

Contents Value: Average \$ _____ Maximum \$ _____

inventory, contents, property of others, furniture & fixtures, rental equipment

of Employees Part-time _____ Full-time _____

Construction: Frame Brick Cement /Steel

Type: Free Standing Building Strip Mall Shopping Mall

Fire Sprinklers: Yes No

Security System: Yes No

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

TOTAL ANNUAL REVENUES \$ _____

ACTIVITY INFORMATION				
PRODUCTS (check sell or rent)	Sell	% of Total Sales	Rent	% of Total Sales
Bikes				
Helmets				
Skateboards				
Paddleboards				
Alpine Skis				
Snowboards				
Other				

OPERATIONS INFORMATION

- Do you require customers to sign a release of liability? Yes No
- How many years have you been in business? _____ Years
- If you are a new venture, how many years of prior experience? _____ Years
- Are any operations conducted outside the United States? Yes No
- Is your business operational year round? Yes No
If no, number of months your are operational? _____ Months
- Do you offer or sponsor special events? Yes No
If yes, please describe: _____
- Do you offer bike tours or rides? Yes No

HELMET RENTALS N/A

- Are your helmets certified? Yes No
 CE ASTM
- Are they visually inspected before & after each rental? Yes No
- What helmet brands are available? _____

BICYCLE INFORMATION N/A

- Do you use a bike assembly checklist? Yes No
- Is a torque wrench available and in use? Yes No
- Are helmets available for rent? Yes No
a. Are they mandatory? Yes No
- Do you rent E-Bikes? Yes No
- Do you service or repair bikes? Yes No

RELEASE OF LIABILITY

1. Do you require customers to sign any type of release of liability forms? Yes No
- a. Rentals Yes No
- b. Demos Yes No
- c. Repairs Yes No
- d. New Bike Sales Yes No
- e. Test Rides Yes No
2. Do you keep records of all signed release forms? Yes No
- a. How long? _____
- b. Where are they stored? _____
- c. Who is responsible for them? _____

LOSS HISTORY		
Date	Description of Loss	Amount Paid / Reserved
		\$
		\$
		\$

22. Do you have knowledge of any incident which may lead to a claim? Yes No
- If yes, please describe: _____
- _____
- _____
- _____
- _____
- _____
- _____

FRAUD NOTICE STATEMENT

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

Name (Please Print/Type)

Title

Signature

Date