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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

Completed Claims and Loss History form attached (REQUIRED)?  Yes  No

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:

- |                                      |  |                                   |                                    |   |
|--------------------------------------|--|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Arctic Cat  | <input type="checkbox"/> Ducat           | <input type="checkbox"/> Kawasaki | <input type="checkbox"/> Suzuki    | <input type="checkbox"/> Other (please list): _____ |
| <input type="checkbox"/> BMW         | <input type="checkbox"/> Harley-Davidson | <input type="checkbox"/> KTM      | <input type="checkbox"/> Yamaha    | <input type="checkbox"/> Other (please list): _____ |
| <input type="checkbox"/> Bom Bardier | <input type="checkbox"/> Honda           | <input type="checkbox"/> Motoguzi | <input type="checkbox"/> John Deer | <input type="checkbox"/> Other (please list): _____ |
| <input type="checkbox"/> Cagina      | <input type="checkbox"/> Hysuyarmia      | <input type="checkbox"/> Polaris  |                                    | <input type="checkbox"/> 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:

	<b>PARTS</b>	<b>ACCESSORIES</b>	<b>LAWN/SNOW REMOVAL AND GARAGE EQUIP.</b>	<b>WATER CRAFT</b>	<b>WINTER STOCK</b>	<b>TRAILERS</b>	<b>MOTOR STOCK OTHER</b>
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