

MOTORCYCLE DEALER QUOTATION SLIP

INSURED LEGAL ENTITY							
TRADING NAME							
ADDRESS OF RISK							
DESCRIPTION OF BUSINESS ACTIVITY							
YEARS IN BUSINESS		EMPLO YEEES		WAGES	REFER BELOW	TURNOVER	REFER BELOW
CONSTRUCTION							
WALLS							
FLOOR							
ROOF							
AGE OF BUILDING							
DATE OF LAST VALUATION							
NUMBER OF LEVELS							
CONDITION OF PREMISES							
SECURITY							
ALARM SYSTEM LOCAL / BTB							
ALARM SYSTEM FEATURES							
KEY LOCKS ON WINDOWS							
DEAD LOCKS ON ALL DOORS							
WINDOWS BARRED / GRILLS							
OTHER FEATURES							
FIRE PROTECTION							
SPRINKLER SYSTEM							
HOSE REELS							
FIRE EXTINGUISHERS "TYPE"							
FIRE HYDRANTS							
SMOKE DETECTORS "BATTERY"							
HARD WIRE SMOKE DETECTORS							
HEAT DETECTORS							
SERVICES							
TOWN OR TANK WATER							
WIRING OF BUILDING		WRITTEN REPORT REQUIRED WITHIN PAST 5 YEARS					
WIRING LAST REWIRED							
EXISTING INSURER							
CURRENT BROKER							
EXPIRY DATE							

FIRE	YES/NO
BUILDING	\$
ALL OTHER CONTENTS INCLUDING PLANT, MACHINERY & ELECTRONIC EQUIPMENT	\$
STOCK IN TRADE INCLUDING PARTS & ACCESSORIES	\$
STOCK OF MOTORCYCLES (EXCLUDING CUSTOMERS MOTORCYCLES)	\$
CUSTOMERS MOTORCYCLES	\$
DIRECTORS / EMPLOYEES PROPERTY	\$
REMOVAL OF DEBRIS	\$
HAIL DAMAGE TO MOTORCYCLES	\$
EXTRA COST OF REINSTATEMENT	\$
FLOOD COVER REQUIRED	\$
ACCIDENTAL DAMAGE	\$

BUSINESS INTERRUPTION

YES/NO

GROSS PROFIT / GROSS INCOME	\$
CLAIMS PREPARATION EXPENSES	\$
ACCOUNTS RECEIVABLE	\$
ADDITIONAL INCREASED COST OF WORKING	\$
Indemnity Period months	

BURGLARY

YES/NO

ALL OTHER CONTENTS INCLUDING PLANT, MACHINERY & ELECTRONIC EQUIPMENT	\$
STOCK OF MOTORCYCLES INCLUDING CUSTOMERS MOTORCYCLES	\$
STOCK IN TRADE INCLUDING PARTS & ACCESSORIES	\$
THEFT OF MOTORCYCLE STOCK INCLUDING CUSTOMERS MOTORCYCLES IN OPEN AIR	\$
DIRECTORS / EMPLOYEES PROPERTY	\$

MONEY

YES/NO

IN TRANSIT	\$
ON PREMISES DURING BUSINESS HOURS	\$
ON PREMISES OUTSIDE BUSINESS HOURS	\$
IN LOCKED SAFE	\$
IN PRIVATE RESIDENCE	\$

PLATE GLASS

YES/NO

INTERNAL / EXTERNAL	REPLACEMENT VALUE
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PUBLIC LIABILITY

YES/NO

PUBLIC LIABILITY / PRODUCTS LIABILITY	\$
RECTIFICATION OF FAULTY WORKMANSHIP	\$
ROADWORTHY CERTIFICATION	\$
CARE, CUSTODY AND CONTROL	\$
TURNOVER MOTORCYCLE SALES	\$
TURNOVER SERVICE	\$
TURNOVER PARTS	\$
TURNOVER OTHER ACTIVITIES	\$
WAGES (EMPLOYEES)	\$

MOTOR COMPOSITE

YES/NO

SUM INSURED	\$
COMPANY OWNED VEHICLES PROVIDE DETAILS	

GENERAL PROPERTY

YES/NO

SUM INSURED	\$
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MACHINERY BREAKDOWN

YES/NO

SUM INSURED	\$
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ELECTRONIC EQUIPMENT

YES/NO

SUM INSURED	\$
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PROFESSIONAL INDEMNITY

YES/NO

LIMIT OF INDEMNITY	\$
COMPLETED PROPOSAL FORM WILL BE REQUIRED	

DIRECTORS & OFFICERS

YES/NO

LIMIT OF INDEMNITY	\$
COMPLETED PROPOSAL FORM WILL BE REQUIRED	

Previous Insurance History

Have you either alone or in partnership or jointly with any other party, or if a corporation, any of its directors:

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|---|--------|
| 1. Suffered any loss or damage under any insurance policy | Yes/No |
| 2. Had any insurer decline any claim submitted | Yes/No |
| 3. Had any insurer decline any proposal submitted | Yes/No |
| 4. Had any insurer cancel or refuse to renew a policy | Yes/No |
| 5. Had any insurer require an increased premium or imposed special conditions | Yes/No |
| 6. Ever been declared bankrupt, insolvent or had a liquidator appointed | Yes/No |
| 7. Been convicted of or charged with any criminal offence | Yes/No |

If you answered yes to any of the above, please provide details:

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