**National Casualty Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**MOTORCYCLE SUPPLEMENTAL APPLICATION**

**(To be completed in addition to CGZ-APP-6 Application for Garage Policy)**

**1.** Applicant/Insured’s Name:

**2.** Years experience:

Motorcycle dealership/non-dealership owner:

Specifically with motorcycle: Sales       Repair       Rebuilding

**3.** What percentage of your operation involves:

|  |  |  |
| --- | --- | --- |
| Motorcycles    % | Go Karts    % | Watercraft    % |
| ATVs/UTVs    % | Dirt Bikes    % | Other (Describe below)    % |
| Mopeds/Scooters    % | Trikes    % |  |

**4.** Do you permit off premises test drives?  Yes  No

Is there a designated route taken?  Yes  No

(If yes, provide map.)

**5.** Is anyone furnished a vehicle for personal use or allowed to take a vehicle home?  Yes  No

If yes, advise who is furnished and/or circumstances:

**6.** Is proof of motorcycle license and auto insurance checked prior to all test drives?  Yes  No

**7.** Do you sell or service bikes that cater to youthful drivers?  Yes  No

**8.** Do you perform any customization?  Yes  No

If so, what percentage?      %

|  |
| --- |
| Provide details of work performed: |

**9.** Do you perform structural alterations (Fork & Frame)?  Yes  No

If so, what percentage?      %

|  |
| --- |
| Provide details of work performed: |

**10.** Do you convert bikes to trikes?  Yes  No

If so, what percentage?      %

|  |
| --- |
| Provide details of work performed: |

**11.** Do you manufacture bikes or bike parts or perform fabrication?  Yes  No

If so, what percentage?      %

|  |
| --- |
| Provide details of work performed: |

**12.** Do you perform assembly of bikes?  Yes  No

If so, what percentage?      %

|  |
| --- |
| Provide details of work performed: |

**13.** Do you alter the original performance of manufacturer specifications?  Yes  No

|  |
| --- |
| If so, provide details: |

**14.** Do you own or service any motorcycles for racing purposes?  Yes  No

**15.** Do you loan or rent motorcycles to others?  Yes  No

**Refer to the application form for state fraud warnings.**

Applicant or authorized representative of the applicant, confirm and warrant that all of the above are true and accurate representations of my garage operation.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: Date:

(Must be signed by an authorized representative, owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE: