

Roush Insurance Services, Inc.

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MOTORCYCLE SUPPLEMENTAL APPLICATION

(Must accompany WHI APP-138 Application For Garage Policy or WHI APP-135 Garage Renewal Application)

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: _____
Mopeds/Scooters _____% Trikes _____%
4. If inventory stored outside, describe how motorcycles are protected: _____
5. Do you permit off premises test drives?..... Yes No
If yes, any overnight test drives? Yes No
6. Is anyone furnished a vehicle for personal use or as a demo?..... Yes No
If yes, advise who is furnished: _____
7. Is proof of motorcycle license and auto insurance checked prior to all test drives? Yes No
8. Do you perform any customization or fabrication? 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? 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

FRAUD WARNINGS: Attach completed WHI APP-152, State Fraud Notification Compliance form.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____