

National Casualty Company

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258



SierraSpecialty

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Insurance Company

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Columbus, Ohio 43215
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Scottsdale Surplus Lines Insurance Company

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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: _____