



**J.D. Smith & Associates**  
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## POWER SPORTS INSURANCE PROGRAM - DEALERS - APPLICATION

### BROKER INFORMATION

Date:

Brokerage:			
Contact:			
Address:			
City:	Province:	Postal Code:	
Phone Number:	Fax Number:		
E-mail:			

### APPLICANT INFORMATION

Name of Applicant:			
Name(s) of Principal(s)			
Mailing Address:			
City:	Province:	Postal Code:	
Phone Number:			

### BUSINESS INFORMATION

Location Address No:	<input type="text"/>		
City:	Province:	Postal Code:	
Phone Number:	Web Site:		
Applicant Is:	Year Established		

### DESCRIBE BUSINESS

### LOSS PAYEE(S)

Loss Payee 1	Loss Payee 2
Interest	Interest
Address	Address
City	City
Prov	Prov

### ADDITIONAL INSURED(S)

Add'l Insured	Add'l Insured
Interest	Interest
Address	Address
City	City
Prov	Prov

**POWER SPORTS INSURANCE PROGRAM - DEALERS - APPLICATION**

**ACCOUNT MARKETING INFORMATION**

Is this account currently with your brokerage? Yes  No

	CMP	Auto	Other - Specify	
What is Expiring Policy Premium?				
What is Target Policy Premium?				

Please explain why account is being re marketed:

What better limits / coverage or other enhancements are you looking for?

How long has Applicant been in this business?  Years

Has Applicant ever been cancelled or refused Insurance? Yes  No  Had gaps in coverage? Yes  No

If Yes to either question, comments:

Present Insurer:  Policy #  Expiry Date:

Is the applicant personally known to you? Yes  No  If yes, how long?

Is any other business carried on at this location? Yes  No

If Yes, provide details:

Is there any supporting business for this Applicant? Yes  No

If Yes, provide details:

**LOSSES**

Describe all Losses, claims or suits brought against the applicant in the past five (5) years:

Date of Loss	Description	Amount of Loss	Open/Closed	Paid/Reserve

Are you aware of any other accidents, facts, circumstances or allegations not yet reported to the insurer that may result in claims?  
 Yes  No  If yes, provide details:

What action has been taken to eliminate future accidents?

**POWER SPORTS INSURANCE PROGRAM - DEALERS - APPLICATION**

**LOCATION NO:**

**BUILDING DETAILS**

Year Built

**Walls - State Percentage**

Solid Brick	Masonry	Brick Veneer	Concrete Block	Metal Clad	Wood
Other	Describe <input type="text"/>				

**Roof - State Percentage**

Wood	Steel	Concrete	Other	Describe <input type="text"/>
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**Floors**

Grade Floor	Describe Additional Floor(s) <input type="text"/>
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<b>Height</b>	Story(s) <input type="text"/>	Basement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Area (Sq. M) <input type="text"/>
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Area (Sq. M) Ground Floor  Total Building Area (Sq. M)

Are there other Tenants in the building?

Yes  No  If yes, describe details:


**BUILDING SERVICES**

Heat is provided by:  Gas  Oil  Electric

If Fuel Oil is used, provide details: (e.g. Type of Tanks, Size (in Litres), When last inspected, etc.)


Is there any solid fuel (e.g. Wood) burning stoves in the building?

Yes  No  If yes, describe details: (e.g. Primary or Secondary unit, WETT Certified, etc.)


**Electrical - State Percentage**

Copper	Aluminum	Approved by Electrician? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Is there any Knob and Tube wiring in the building?

Yes  No  If yes, describe details:

Date last inspected:  Approved by Electrician? Yes  No

If the building is 25 years or older, when were the following updated?

Electrical  Plumbing  Heating  Roof  Oil Tank

**NEIGHBOURHOOD AND ADJOINING EXPOSURE**

Residential     Mercantile     Industrial     Rural  
 Improving     Stable     Deteriorating    If Deteriorating, provide details \_\_\_\_\_

Is the building located in a congested neighbourhood?    Yes     No

Adjoining Exposure	Distance (metres)	Occupancy	Good / Average / Poor
<b>Right</b>			
<b>Left</b>			
<b>Rear</b>			
<b>Front</b>			

Are there any hazardous occupancies adjacent to the premises? (e.g. Chemical Risks, Propane Dealers, etc.)  
 Yes     No     If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**FIRE PROTECTION**

State the distance between your building and the nearest municipal Fire Hydrant: \_\_\_\_\_

Fire Hall \_\_\_\_\_ Kilometres

Does the building have working smoke and fire alarms?    Yes     No

Is it ULC certified?    Yes     No     If Yes, is it monitored?    Yes     No

If Yes, name the monitoring company: \_\_\_\_\_

Number of Fire Extinguishers \_\_\_\_\_ Serviced Annually?    Yes     No

Percentage of Building Sprinklered \_\_\_\_\_ If Yes, is it monitored?    Yes     No

If yes, Name the monitoring company \_\_\_\_\_

Does the sprinkler system have a maintenance contract?    Yes     No

Is the system fully tested at least once a year?    Yes     No

Are any Flammable liquids not stored in ULC containers, cabinets or separate cut off area?    Yes     No

If yes, Please explain how stored and quantity: \_\_\_\_\_

Is any fuel dispensed on the premises? Yes

If Yes, provide details: (e.g. Type of Tanks, Size (in Litres), When last inspected, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you conduct any spraying operations?    Yes     No     ULC Listed Spray Booth?    Yes     No

Percentage done in open? \_\_\_\_\_

Do you do any welding on the premises?    Yes     No     If Yes, Do you maintain a welding watch?    Yes     No

If yes, Please describe in detail: \_\_\_\_\_

Are Cylinders properly stored?    Yes     No

Are Cylinders stored in separate area?    Yes     No

# POWER SPORTS INSURANCE PROGRAM - DEALERS - APPLICATION

## BURGLARY AND CRIME PROTECTION

Burglar Alarm System Yes  No  Type of Burglar Alarm Local  Monitored

Is it ULC certified Yes  No  If monitored, name of monitoring company \_\_\_\_\_

Extent of Burglar Alarm Protection  Contacts on doors  All doors and windows protected  
 Complete perimeter protection including (walls)  Perimeter and interior space protection

Describe other internal Protection (Deadbolts, Window Bars, Camera's, etc.)


If Open Lot storage, describe protection

Surveillance Cameras - Describe \_\_\_\_\_

Fence  Post and Chain  Curb Stops  Posts  Watchman/Security Guards

Guard Dog  Exterior Lighting  Entrance Visible from street  Flood Lights

Maximum Cash: On Premises \_\_\_\_\_ Overnight \_\_\_\_\_ At Custodian's Home \_\_\_\_\_

Safe:  None  Class I  Class II  Other (Describe) \_\_\_\_\_

Describe what checks are done when hiring new employees:


## CONDITIONS OF PREMISES

Maintenance  Good  Average  Poor If poor, provide details \_\_\_\_\_

Housekeeping  Good  Average  Poor If poor, provide details \_\_\_\_\_

## REQUESTED COVERAGES AND LIMITS

Description of Coverage's	Limit	Deductible	Co-Ins
<b>Property</b>			
Property of Every Description			90%
Building			90%
Equipment			90%
Stock (Including Parts and Unassembled Products)			90%
Contents (Including Parts and Unassembled Products)			90%
Other - Specify			

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<b>Coverage</b>	<b>Limit</b>	<b>Deductible</b>
<b>Business Interruption</b>		
Extended Business Income (Profits) - Actual Loss Sustained Form	Included	
Ordinary Payroll (90 days)		
Extra Expense		
Rental Value		
Other - Specify		

<b>Crime</b>		
Comprehensive Dishonesty, Disappearance, Destruction and Forgery		
Employee Dishonesty Form A	\$10,000	
Loss Inside The Premises	\$10,000	
Loss Outside The Premises	\$10,000	
Money Order, Counterfeit Paper Currency	\$10,000	
Depositors Forgery / Credit Card Forgery	\$10,000	
Other - Specify Higher Limits and / or Additional Coverage		

<b>Liability</b>	
Commercial General Liability	
Bodily Injury and Property Damage (per Occurrence)	\$2,000,000
General Aggregate Limit	\$5,000,000
Products and Completed Operations Aggregate Limit	Included
Personal Injury / Advertising Injury	Included
Garage Liability Extension	Included
Hoist Collision Endorsement	\$75,000
Tenants Legal Liability (Broad Form)	\$1,000,000
Non-Owned Automobile Liability - S.P.F. No. 6	\$2,000,000
Legal Liability for Damage to Hired Automobiles End S.E.F. No. 94 (\$1,000 ded)	\$75,000
Contractual Liability Endorsement - S.E.F. No. 96	Included
Reduction of Coverage for Lessees or Drivers of Leased Vehicles End - S.E.F. 98B	
Excluding Long Term Leased Vehicle Endorsement - S.E.F. No. 99	Included
Other - Specify Higher Limits and / or Additional Coverage	

**GARAGE AUTOMOBILE RATING INFORMATION**

**1. Breakdown of Total Number of Employees:**

	Current Year		Prior Year	
	Full Time	Part Time	Full Time	Part Time
All Employees involved in Garage operations				
All other Employees				

**2. Summary of Licensed and Registered Owned Automobiles in Name of the Applicant:**

Please Note: Renting or Leasing of automobiles to others is excluded.  
 Courtesy automobiles leased to customers who have their automobiles serviced and or repaired have to be listed under section 4 (e).

**2 (a). Owned Automobiles used by employees / family members (OPCF #76) Please provide details under section 2 (b)**

Class of Automobiles	Type of Automobiles	No. of Automobiles
Automobiles	Private Passenger Vehicles	
	Commercial Vehicles	
	Dealer Plates	
	Service Plates	
	Tow Trucks	
	Other - Specify	
Snowmobiles	200 - 450 cc	
	451 - 550 cc	
	551 - 750 cc	
	> 751 cc	
ATV's	< 250 cc and 25 hp	
	All Other	
Motorcycles	< 400 cc	
	401 - 750 cc	
	> 751 cc	
Other - Specify		

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**2 (b). Summary of all Licensed / Registered automobiles owned and operated by the applicant - Excluding those held for sale**

	Current Year	Prior Year
Total number of Licensed Owned Automobiles		

Details of all Licensed / Registered Owned Automobiles

No.	Year	Make	Model	Serial Number	Body Type	Value New	GVW	Use and Driven By And / Or Details
<b>Owned Automobiles driven by Employees</b>								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
<b>Demonstrators Used for Test Driving - Assigned to Employees</b>								
1								
2								
3								
<b>List All Vehicles Assigned to Non-Employees - Indicate Relationship</b>								
1								
2								
3								
<b>Courtesy Automobiles Exclusively Supplied to Customers</b>								
1								
2								
3								
4								
5								
<b>Provide Details of Dealer Plates (Incl Type and Number)</b>								
1								
2								
<b>List all Service Plates with Details</b>								
1								
2								



**POWER SPORTS INSURANCE PROGRAM - DEALERS - APPLICATION**

**3. Section 5. Loss or Damage to Owned Automobiles**

**Section 5.1.1 Loss or Damage to Owned Automobiles Collision or Upset**

**Deductible applicable to each Separate Automobile** \_\_\_\_\_

Select One      Limit

**Section 5.1.2 Comprehensive (excluding Collision or Upset and Open Lot Theft)**       \_\_\_\_\_

**Section 5.1.3 Specified Theft (excluding Open Lot Theft)**       \_\_\_\_\_

**Section 5.1.4 Specified Perils (excluding Theft)**       \_\_\_\_\_

**Please Note: The premium under Sections 5.1.2, 5.1.3, and 5.1.4 shall be calculated on a Co-Insurance Basis**

**A Deductible for Each Occurrence** \_\_\_\_\_

**BREAKDOWN OF LIMIT BY LOCATION: Location as per ITEM #1 of OAP #4 Application - Provide Details by Location**

**Location:** \_\_\_\_\_

**Loss or Damage to Registered and Licensed Owned Automobiles**

Class of Vehicles	Max No of Vehicles	Limit in \$
Automobiles		
Snowmobiles		
ATV's		
Motorcycles		
Other - Specify		

**Loss or Damage to Unlicensed NEW Owned Automobiles - Held for Sale**

Class of Vehicles	Inside the Building		Outside the Building	
	Max #	Limit in \$	Max #	Limit in \$
Automobiles				
Snowmobiles				
ATV's				
Motorcycles				
Other - Specify				

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Do you require Loss or Damage to NEW Financed Automobiles? Yes  No  If yes, please provide details:

**Loss or Damage to Unlicensed NEW Financed Automobiles - Held for Sale**

Class of Vehicles	Inside the Building		Outside the Building	
	Max #	Limit in \$	Max #	Limit in \$
Automobiles				
Snowmobiles				
ATV's				
Motorcycles				
Other - Specify				

**Loss or Damage to Unlicensed USED Owned Automobiles**

Class of Vehicles	Max No of Vehicles	Limit in \$
Automobiles		
Snowmobiles		
ATV's		
Motorcycles		
Other - Specify		

**4. Section 6.1 Loss or Damage Customers Automobile while in Care Custody or Control of Applicant**

**Collision or Upset**

Limit applicable to any one Customers Automobile \_\_\_\_\_

Deductible applicable to Each Separate Occurrence \_\_\_\_\_

**Section 6.4 Liability for Damage to Customers Automobile while in Care Custody or Control of Applicant**

**Specified Perils (excluding Open Lot Theft)**

**BREAKDOWN OF LIMIT BY LOCATION: Location as per ITEM #1 of OAP #4 Application - Provide Details by Location**

**Loss for Damage to Customers Automobiles While in Care Custody or Control of the Applicant**

Maximum Amount of Customers Automobiles in \$				
Limit of Liability any one Occurrence in \$				
Class of Vehicles	Inside the Building		Outside the Building	
	Max #	Limit in \$	Max #	Limit in \$
Automobiles				
Snowmobiles				
ATV's				
Motorcycles				
Other - Specify				

**O.E.F. #81 - Garage Family Protection Endorsement**

**Limit:** Limit the same as Section 1 Yes  No  or \_\_\_\_\_

**5. Other Endorsements**

Please Indicate with a Check Mark

- O.E.F. 71 Excluding Owned Automobiles
- O.E.F. 73 Excluding Financed Automobiles
- O.E.F. 74 Open Lot Theft - Owned Automobiles
- O.E.F. 75 Open Lot Theft - Customers Automobiles
- O.E.F. 76 Additional Insured Endorsement
- O.E.F. 77 Liability for Comprehensive Damage to a Customers Automobile (including Open Lot Theft)
- O.E.F. 78 Reduction of Coverage for Named Persons
- O.E.F. 78A Excluded Driver Endorsement
- O.E.F. 79 Owned Automobiles - Fire and Theft Deductible
- O.E.F. 80 Specified Owned Automobile Physical Damage Coverage
- O.E.F. 82 Liability for Damage to Non-Owned Automobiles - Named Persons Endorsement
- O.E.F. 83 Automobile Transportation Endorsement
- O.E.F. 84 Owned Automobiles - Agreed Limit for Automobile Electronic Accessories and Equipment
- O.E.F. 86 Customers Automobiles - Fire Deductible Endorsement

- Other - Specify \_\_\_\_\_
- Other - Specify \_\_\_\_\_
- Other - Specify \_\_\_\_\_
- Other - Specify \_\_\_\_\_
- Other - Specify \_\_\_\_\_

**6. Summary of Personnel - Including Proprietors, Partners, Executive Officers and Employees**

**(Attach Supplementary Sheet if Insufficient Space)**

No	Name in Full (No Initials Please)	Date of Birth dd/mm/yy	Drivers License	Years Licensed	# Accidents Last 5 Years	# Conv Last 5 Years	Date Employed dd/mm/yy	Ft or Pt	Position
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

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**7. List All Other Operators (Not Employees) Who Are Supplied With Own Automobile For Regular or Frequent Use And Any Occasional Operators (O.E.F. 76)**

No	Name in Full (No Initials Please)	Date of Birth dd/mm/yy	Drivers License	Years Licensed	# Accidents Last 5 Years	# Conv Last 5 Years	Relationship
1							
2							
3							

**8. Does Applicant Pick Up Or Deliver Customers Or Owned Automobiles?**

Yes  No  If Yes, provide details: i.e. Frequency and Radius over 40 km / 25 miles)

**9. Do Salespeople Accompany Customers Who Are Test Driving Automobiles?**

Yes  No  If No, describe procedures or other precautions taken (i.e. Drivers Liscence Checked and Recorded)

**10. Does Applicant Have Written Rules Regarding Use Of Company Owned Automobiles?**

Yes  No  If Yes, Attach a copy; If No, Explain

**11. Is Demonstrator Use Restricted To Employee Use Only?** Yes  No

Including Spouse? Yes  No  Children? Yes  No

Others? Yes  No

**If Yes to any Question, Explain:**

**12. Does Applicant Have Written Rules Regarding Use Of Company Owned Automobiles?** Yes  No

How Often Updated? \_\_\_\_\_

**DO YOU STORE, LAUNCH OR RETRIEVE BOAT OR PLEASURE CRAFT EQUIPMENT?**

Yes  No  If Yes, Refer to Company

**COMMENTS AND REMARKS**

**I declare that all statements made in the application and the information contained in documents submitted with it are true. This document does not bind the Company nor the Applicant to complete the insurance, but it is agreed that the application shall be the basis of the contract, should a policy be issued.**

**Submitting this form electronically constitutes my signature as to the accuracy of the information contained herein.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_