

INSTRUCTIONS

PLEASE FILL OUT THE ENCLOSED FORMS – SIGN AND DATE.

Worldwide Motorcycle Rentals

WHEN COMPLETED, FAX ALL DOCUMENTS (*including this form*) TO

(480) 860-0425
Attn: Gaylen Brotherson

Worldwide Motorcycle Rentals Insurance Application

DEALER INFORMATION

Company Name: _____
Person to Contact: _____
Address: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Telephone: _____
Fax: _____
E-mail Address: _____

If you have any questions about Worldwide Motorcycle Rentals, call 480-391-9959 or visit
<http://www.nationalmda.com/>

MOTORCYCLE RENTAL INSURANCE APPLICATION

INTERNAL USE – do not write in this space

☞ Motorcycle rental policy	Quote Amt _____	Policy Effective Date _____	Expiration _____
☞ Business liability policy	Quote Amt _____	Policy Effective Date _____	Expiration _____
☞ Garage liability policy	Quote Amt _____	Policy Effective Date _____	Expiration _____
☞ Other policy _____	Quote Amt _____	Policy Effective Date _____	Expiration _____

1. YOUR BUSINESS

NAME INSURED: _____ DATE: _____

WEBSITE URL _____ EMAIL ADDRESS _____

D.B.A. _____

ADDRESS _____

CITY / STATE / ZIP _____

YOUR RENTAL SEASON RUNS FROM _____ THRU _____

HOW MANY MOTORCYCLES WILL YOU HAVE AVAILABLE FOR YOUR RENTAL SEASON? _____

FORM OF BUSINESS ☞ INDIVIDUAL ☞ PARTNERSHIP ☞ CORPORATION ☞ L.L.C. _____

FEDERAL I.D. NUMBER _____

OWNERS/PARTNERS YEARS OF EXPERIENCE (IF LESS THAN 5 YEARS, INDICATE OTHER EXPERIENCE)

1. _____

2. _____

3. _____

4. _____

5. _____

PRINCIPAL CONTACT _____

PHONE

FAX

EMAIL

2. GENERAL INFORMATION

- 1. HAS YOUR INSURANCE EVER BEEN CANCELED OR NON RENEWED? YES NO

- 2. CURRENT CARRIER _____

- 3. CURRENT LIMITS OF LIABILITY _____

- 4. CURRENT PHYSICAL DAMAGE DEDUCTIBLE _____

- 5. CURRENT PREMIUM _____

- 6. HOW MANY VEHICLES ARE CURRENTLY INSURED? THEIR VALUE \$ _____

- 7. HAS YOUR BUSINESS HAD ANY CLAIMS, SUITS, NOTICE OF SUITS OR LOSSES WITHIN THE PAST 3 YEARS (YOU MUST SUBMIT HARD COPY LOSS RUNS FOR THE PREVIOUS 3 YEARS) YES NO

- 8. PLEASE PROVIDE YOUR MOST RECENT CLAIMS HISTORY UNTIL HARD COPY LOSS RUNS ARE AVAILABLE

DATE OF CLAIM _____ TYPE OF CLAIM _____ DESCRIBE _____
DATE OF CLAIM _____ TYPE OF CLAIM _____ DESCRIBE _____
DATE OF CLAIM _____ TYPE OF CLAIM _____ DESCRIBE _____
DATE OF CLAIM _____ TYPE OF CLAIM _____ DESCRIBE _____

- 9. ARE THERE ANY OTHER BUSINESSES OPERATED OUT OF YOUR LOCATION YES NO

- 10. REQUESTED LIMITS OF LIABILITY FOR YOUR RENTAL OPERATION \$ _____

- 11. DO YOU REQUIRE A TEST RIDE BEFORE RELEASING A VEHICLE FOR RENTAL? YES NO

- 12. DO YOU REQUIRE RENTORS TO SIGN A COLLISION DAMAGE WAIVER (IF YES PLEASE SUBMIT A COPY) YES NO

- 13. WHAT IS THE MINIMUM AGE FOR RENTERS

- 14. DO YOU REQUIRE VERIFICATION OF VALID MOTORCYCLE LICENSE FOR CYCLE RENTERS YES NO

- 15. BRIEFLY DESCRIBE YOUR VEHICLE MAINTENANCE AND REPAIR PROCEDURES

- 16. DOES THIS DIFFER FROM THE MANUFACTURERS SUGGESTED SERVICE YES NO

- 17. IS THERE A CERTIFIED LOG BOOK MAINTAINED FOR EACH VEHICLE YES NO

- 18. WHEN DO YOU CHANGE TIRES _____

- 19. DO YOU PLUG/REPAIR OR PATCH FLAT TIRES PLUG PATCH

20. DO YOU OFFER ROADSIDE ASSISTANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. IF YOU PROVIDE ROADSIDE ASSISTANCE IS YOUR TRUCK / TRAILER INSURED	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. DO YOU FULLY INSPECT ALL RENTAL VEHICLES PRIOR TO DEPARTURE AS WELL AS UPON RETURN AFTER EACH RENTAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. ARE THESE INSPECTIONS LOGGED AND SIGNED BY THE INSPECTOR AND CUSTOMER	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. DOES THE FLEET GARAGE AND / OR STORAGE LOCATION HAVE A CENTRAL STATION BURGULAR ALARM SYSTEM WITH MOTION DETECTORS	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. WHAT ANTI-THEFT DEVICES DO EACH RENTAL UNIT CONTAIN THAT IS OPERATIONAL DURING THE RENTAL PERIOD	
26. DO YOU SUPPLY ADDITIONAL LOCKS TO RENTAL CUSTOMERS AS WELL	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. WOULD YOU BE INTERESTED IN RUNNING A MOTOR VEHICLE REPORT ON EACH AMERICAN RENTAL CUSTOMER IF IT WAS DONE IN REAL-TIME	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. WILL YOU UTILIZE THE RENTER'S QUESTIONNAIRE INCLUDED WITH THIS APPLICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. ARE HELMETS FURNISHED BY YOU OR THE RENTER FOR CYCLE RENTALS	_____

PLEASE FURNISH A COPY OF YOUR RENTAL AGREEMENT, LATEST FINANCIAL STATEMENT AND COLLISION DAMAGE WAIVER FORM

ON THE ENCLOSED SCHEDULE PLEASE LIST ALL RENTAL VEHICLES, TRAILERS AND CHASE VEHICLES TO BE INSURED. ALL DRIVERS, INCLUDING YOURSELF, THAT DRIVE ANY OF THE VEHICLES THAT WE INSURE (ALL DRIVERS OF RENTAL MOTORCYCLES MUST HAVE A VALID MOTORCYCLE ENDORSEMENT ON THEIR LICENSE)

SIGNATURE _____ **DATE** _____

RENTAL GUIDELINES

I understand that the following guidelines apply to my Motorcycle Rental Operation

- 1) I will require the Renter/Operator to perform a test ride successfully before I will release the unit into their custody
- 2) I will require the Renter/Operator and any Passenger to read and sign the ***Customer Information And Loss Damage Waiver*** forms.
- 3) I will require the Renter/Operator to complete and sign a ***Rental Agreement***
- 4) I will require the Renter/Operator to be at least 25 years of age.
- 5) I will require any Passenger to be at least 21 years of age.
- 6) I will verify that ALL Renters have held a valid and proper motorcycle license or endorsement on their license as required by their state of residence for at least 3 years.
- 7) I will maintain documentation of all maintenance on all units.
- 8) I will perform inspections of the rental units before and after each rental
- 9) I will maintain documentation of all inspections of the rental units.
- 10) While not being rented. I will store my units in a secured locked building
- 11) While being rented I will provide anti-theft devices in addition to what the factory recommended and installed.
- 12) I will require the Operator and Passenger to wear a DOT approved helmet regardless of state law.

SIGNATURE _____ DATE _____

PRINT NAME _____

EMPLOYEE LIST

COMPANY NAME _____

DATE _____

PHONE _____ FAX _____

EMAIL _____

NAME	BIRTH DATE	EMPLOYMENT DATE	SOCIAL SECURITY#	DRIVER'S LICENSE #	STATE	POSITION HELD/TITLE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
SIGNATURE			DATE			

MOTORCYCLE RENTAL FLEET

COMPANY NAME _____

DATE _____

PHONE _____ FAX _____

EMAIL _____

	YEAR	MAKE	MODEL	CC's	V.I.N	COST NET	LIEN HOLDER / PHONE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

PLEASE PROVIDE DETAILS OF ANY / ALL MODIFICATIONS TO ABOVE LISTED VEHICLES ON A SEPERATE SHEET

SIGNATURE

DATE