



# 4-WHEEL ATV / DIRT BIKE QUESTIONNAIRE

Named insured: \_\_\_\_\_

1. Are all participants required to wear helmets (DOT certified), appropriate shoes, and long pants?  Yes  No
2. Is participant (or guardian if under age 18) required to sign an acknowledgement of risk form or a waiver/release form?  Yes  No  
 If yes, provide copy.
3. Describe the type, number, and size of each unit: \_\_\_\_\_
4. What are the age and height requirements for participants? \_\_\_\_\_  
 \_\_\_\_\_
5. Are the units governed?  Yes  No  
 If so, to what speed: \_\_\_\_\_
6. Are all units built and maintained to the manufacturer's specifications (exclusive of a governor)?  Yes  No  
 If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Are procedures in place to evaluate the participants capabilities for the proper operation of unit?  Yes  No  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Please fully describe the track, course, trail, riding area, etc. utilized for operation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Confirm NO jumping or racing permitted  Yes  No

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Producer's Signature (if applicable)

\_\_\_\_\_  
 Applicant's Name (print)

\_\_\_\_\_  
 Producer's Name (print)

\_\_\_\_\_  
 Date (MM/DD/YYYY)

\_\_\_\_\_  
 Date (MM/DD/YYYY)