



MICROMOBILITY APPLICATION

1. Proposed effective date: _____
2. Term of coverage: _____
3. Named insured: _____
4. Dba: _____
5. Mailing address: _____
6. Contact info:
 - a. Phone: _____
 - b. Address: _____
 - c. Website: _____
 - d. Email: _____
7. Limits of liability requested: _____
8. Deductible requested: _____
9. Physical location i.e. designated premises: _____
10. Max number of rental units:
 - a. Bikes: _____
 - b. Mountain bikes: _____
 - c. Tandems: _____
 - d. Quads: _____
 - e. Motorized bikes: _____
 - f. Pedal assist bikes: _____
 - g. Road bikes: _____
 - h. Electric skateboards: _____
 - i. Electric scooters: _____



11. Prior carrier & policy number: _____

12. List safety equipment with which your rental unit is / are equipped with: _____

13. Losses in the past 3 years: _____

14. Has any prior coverage been canceled? _____

15. Additional Insureds to be included?

a. Name, Address and phone for each:

Name	Address	Phone	Other

16. Is Premises Liability required for any storage/garage?

a. Please provide physical location and details:

Address	Contents	Area/Sq ft

17. COI Requested?

a. Name, Address, Phone of Cert holder:

Name	Cert Holder Requirements	Language/Other Needs

18. Number of Rental Units to be Scheduled:

Make	Model	Year

19. Include website, brochures, waivers used: _____

20. Are any rental units equipped with safety equipment? _____

a. Provide list



21. Estimated Gross Receipts: _____

22. Provide a copy of the written maintenance schedule: _____

23. Is there any rental of other equipment?

Horn/Bell	Reflectors/Lights	Other

24. Are Rentals guided?

25. Warrant:

- a. A signed rental agreement is executed for each and every rental unit(s).
- b. Helmets are offered and mandated to all customers.
- c. Insured will obtain a copy of all drivers licenses.
- d. All insured rental units will be in proper working order and repaired at all times.
- e. All insured / scheduled rental units(s) will be equipped with reflectors and/or lights if applicable.
- f. All insured/ scheduled rental unit(s) with installed brakes will be in prper working order and inspected regularly.

26. Estimated number of personal transportation vehicle rentals:

- a. Per Day: _____
- b. Per Month: _____
- c. Per Annum: _____

27. Specific Exclusions: Any race activities unless specifically Endorsed.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signed

Date

Signature of Named Insured

Email Brandon Schuh at bschuh@christensengroup.com your completed form.