

SUPPLEMENTAL DEALER QUESTIONNAIRE

DEALER NAME: _____

AGENT: Barrett & Associates Inc.

DEALER ADDRESS: _____

AGENT PHONE #: 248-283-0250

Current Insurance Information

Current Insurance Company _____

Current Annual Premium \$ _____

Date of Policy Expiration _____

Sales Information

Annual Gross Sales: \$ _____

Estimated # of Units sold each year:

Cost of Goods Sold: \$ _____

New Homes _____

Annual Payroll*: \$ _____

Used Homes _____

*(Payroll minus Payroll for Officers, Executives, Managers)

Do you operate as a Real Estate Broker? Yes No

of Annual Broker Transactions _____

of Annual Consignment Sales _____

Annual Brokered Sales \$ _____

Annual Consignment Sales \$ _____

Do you carry Real Estate Errors & Omissions? Yes No

Do you take "title" of repossessed homes? Yes No

If yes are homes 1995 or Newer? Yes No

Inventory / Flooring Information

Average # Units on site: _____

List the Home Manufactures you represent:

Value: \$ _____

Annual Flooring / Credit Line \$ _____

Flooring Sources?

Operations Questions:

Do all Subcontractors list you as an additional insured on their insurance policy? Yes No

Do you keep copies of your subcontractor's insurance certificates? Yes No

Units Sold where MFG. No longer in Bus.? Yes No

Any Units Sold over 20 yrs. old? Yes No - Qty. _____

Units taken in on trade per year:

Mobile/Modular Homes _____ Autos _____

Motor Homes _____ Boats _____

Other - Describe _____

Do you sell used Autos, Trucks, Motor Homes? Yes No

If so, # sold during past year? _____

Do you have Dealer plates? Yes No

Non-motorized plate's _____ # Motorized plates _____

Do you accept Repos consigned by Lenders? Yes No

Do you take other consignments? Yes No

Have you ever entered into a written Hold Harmless Agreement with any Manufacturer? Yes No

Deliver Homes for others? Yes No

Build Sheds / Decks / Carports / Garages? Yes No

Refurbish / Repair Used Homes? Yes No

Modular Set-up / Installation? Yes No

Sub-contract Home Delivery & Set-up / Installation _____%

Indicate percentage of Delivery by Owned Vehicles _____%

Indicate % of Delivery by Subcontracted Vehs. _____%

Drivers under age 21? Yes No

Are all Display Units equipped with stairs? Yes No

Are all Display Units equipped with handrails? Yes No

Do you sell Units containing Fireplace Inserts or

Woodburning Stoves? Yes No

If yes, do you install? Yes No

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Do you sell, service or distribute LP Gas? Yes No

Gallons _____ Receipts \$ _____

Do you sell or store Gasoline? Yes No

Gallons _____ Receipts \$ _____

Do you do any work on furnaces, electrical or plumbing?

Yes No

Subcontractors used? Yes No

If yes, are Certs. Required of at least \$1,000,000 CSL?

Yes No

Any subcontracted operations other than delivery or

Installation? Yes No

If yes, please explain type of work or operation:

Do you sponsor any events? Yes No

If yes, describe: _____

Do you carry Work Comp on your employees? Yes No

Lot Surface: Paved Gravel Other _____

Parking Lot: Paved Gravel Other _____

Display Area: Paved Gravel Other _____

Storage Area: Paved Gravel Other _____

Tie Downs: Office Units Yes No

Display Units Yes No

Inventory Units Yes No

Distance between Units:

Less than 5 feet

5 - 10 feet

11 - 15 feet

Over 15 feet

Fencing:

100% fenced with locked gates

Display Storage area fenced

Storage only fenced

Partially fenced

Not fenced

Please list all Property/ Liability Claims you are aware of in the last 3 years:

***** Attach a copy of Certificate of Insurance for contractors used within last year.**

I understand and agree that all contractors and/or subcontractors hired under formal agreement whether verbal or written, are subject to providing certificates of insurance with liability limits for their work of at least \$1,000,000 BI/PD per occurrence. I also agree to require contractors and/or subcontractors to name Dealer as Additional Insured on contractors and/or subcontractors insurance policy. The undersigned hereby represent that all of the questions answered in this questionnaire have been reviewed and understand the representations made herein.

Insured Signature _____ Date _____

Agent Signature _____ Date _____