

POLICY TERM	From	To	BINDING COVERAGE: For Coverage to begin when requested, it is necessary that the application be fully completed. Pay special attention to providing accurate model information and obtaining all required dated signatures or coverage will not be bound. The application must be postmarked within 72 hours of the effective date; otherwise coverage is bound 12:01 A.M. the date received by the General Agent.			
	Time Accepted	AM PM				
NAMED INSURED	Name		Social Security #	Date of Birth		<input type="checkbox"/> Married <input type="checkbox"/> Single/Separated
	Address		City	State	Zip	
	Driver Name:					
	Garaging Address (if different than above)					
SUB - PRODUCER	Producer Code	Agency Name		Phone No.		Phone No.
	Address		City	State	Zip	
LIENHOLDER	Lien Name		Loan #			
	Address		City	State	Zip	

DESCRIPTION OF MOTORCYCLE(S) * In order to bind coverage, Model information MUST be provided.						
Year	Make	*Model	CC's	Purchase Year	Vehicle Identification Number	

See Back For Operator Rating Assignments	
Coverage Options	Premium
Liability Limits: (Choose One Limit)	
<input type="checkbox"/> 25/50/10 BI/PD (Guest Passenger Coverage Incl.)	(1) \$
<input type="checkbox"/> 25/50/25 BI/PD (Guest Passenger Coverage Incl.)	
<input type="checkbox"/> 50/100/25 BI/PD (Guest Passenger Coverage Incl.)	
<input type="checkbox"/> 50/100/50 BI/PD (Guest Passenger Coverage Incl.)	
<input type="checkbox"/> 100/300/50 BI/PD (Guest Passenger Coverage Incl.)	
<input type="checkbox"/> 100/300/100 BI/PD (Guest Passenger Coverage Incl.)	
<input type="checkbox"/> 250/500/100 BI/PD (Guest Passenger Coverage Incl.)	
Other than Collision/Collision Coverage (Optional)	
<input type="checkbox"/> \$250 Ded. <input type="checkbox"/> \$500 Ded. <input type="checkbox"/> \$1000 Ded.	(2) \$
Uninsured Motorist (Must Sign Below)	
<input type="checkbox"/> Reject <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100	(3) \$
<input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500	
Underinsured Motorist (Must Sign Below)	
<input type="checkbox"/> Reject <input type="checkbox"/> 50/50 <input type="checkbox"/> 50/100	(4) \$
<input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500	
Uninsured Motorist Property Damage (Must Sign Below)	
<input type="checkbox"/> \$10 w/ \$0 Ded. <input type="checkbox"/> \$10 w/ \$300 Ded.	(5) \$
Medical Payments (Optional) \$50 Deductible Applies	
<input type="checkbox"/> No Coverage <input type="checkbox"/> \$500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000	(6) \$
Accessory Premium (\$1,000 included)	
Available with Comprehension & Collision Coverage Only	(7) \$
Coverage for Safety Clothing & Towing (Optional)	
Available with Comprehension & Collision Coverage Only	(8) \$
Sum of Premium Calculation	
(9) = (1) + (2) + (3) + (4) + (5) + (6) + (7) + (8)	(9) \$
Accident/Violation Factor	
Complete the Accident/Violation Chart on the right, then select the level factor from the Point Chart that corresponds to the level e.g., Level 2 = Factor 1.20	(10)
Sub Total Accident/Violation Calculation	
(10) = (9) X (10) rounded to the nearest dollar	(11) \$
CREDITS proof required - see discount section	
<input type="checkbox"/> Transfer A (<30 day lapse) 20% <input type="checkbox"/> Safety Training -10% <input type="checkbox"/> Transfer B (>30 day lapse) 15% <input type="checkbox"/> Multi Cycle -10% <input type="checkbox"/> Alarm -5% 40% Maximum	(12) \$
Sub Total with Discount Calculation	
(13) = sub total (11) - credit discount % (12)	(13) \$
Minimum written & retained \$50	TOTAL per unit (14) \$
Total Policy Premium (Round to the nearest dollar) \$	

ACCESSORIES & NON-STANDARD EQUIPMENT			
\$1000 provided with OTC & Coll Coverage. All non-standard equipment and accessories must be listed below for coverage to exist. Additional coverage is available for an additional premium - see web site or rate guide rules.			
Exhaust	\$	Tour Rack	\$
Luggage Rack	\$	Tow Behind Trailer	\$
Other Accessories	\$	Windshield	\$
Saddle Bags	\$		
Special Finish	\$		
TOTAL (Rounded to nearest \$100) \$			
Helmets are covered up to \$300 with OTC & COLL package purchase.			

ACCIDENT/VIOLATION CHART Preceding 36 months									
Level	Factor	Level	Factor	Level	Factor	Level	Factor	Level	Factor
0	1.00	1	1.05	2	1.20	3	1.40	4	2.25
<input type="checkbox"/> Level 0 0 minors, zero at-fault accidents, zero majors <input type="checkbox"/> Level 1 1-2 minors, zero at-fault accidents, zero majors <input type="checkbox"/> Level 2 Up to 2 minors & 1 at-fault accident over \$1000, zero majors <input type="checkbox"/> Level 3 Up to 3 minors & 1 at-fault accident over \$1000 or 1 major or an unverifiable driver license <input type="checkbox"/> Level 4 Up to 4 minors & 2 at-fault accidents over \$1000 or 2 majors (no multiple DU's)									
See web site or rate guide for eligibility and major violation explanation.									
Driving Record	Yes	No	How Many?	Date(s)	Driver#				
Accidents (at fault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____				
Major Violations	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____				
Minor Violation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____				

INSTALLMENT BILLING OPTIONS - Annual Policies Only	
<input type="checkbox"/> Full pay	100% down
<input type="checkbox"/> Two pay	50% down + \$6 Installment Fee (Payment Due in 160 Days)
<input type="checkbox"/> Four pay	25% down + \$6 Installment Fee (Payments due on Day 45, 90 & 135)

OPERATOR RATING ASSIGNMENT

- * Assign the highest rated insured operator to the motorcycle or ATV.
- * In a situation where you have more insured operators than insured motorcycles/ATV's assign the highest rated insured operator to the highest rated motorcycle/ATV.
- * If there are an equal number of vehicles and operators, assign the operator to the vehicle they use most.
- * In a situation where you have more insured motorcycles/ATV's than insured operators assign the operators to the motorcycle/ATV he/she operates most and on the extra motorcycle assign the highest rated insured operator.

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and substantial civil penalties.

IMPORTANT NOTICE

Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

APPLICANT'S SIGNATURE

I hereby apply for insurance. I agree the policy shall be null and void if such information is false, misleading or would affect acceptance by the company. I understand that any equipment that is not "factory standard" WILL NOT BE COVERED unless listed and the additional premium paid for values greater than \$1000. I understand that motor vehicle records may be verified.

Applicant's Signature X _____ / / _____
Date

Parent's Signature X _____ / / _____
(If applicant is under 18) Date

Producer's Signature X _____ / / _____
Date

INSTALLMENT BILLING PAYMENTS - Annual Policies Only

- Full pay 100% down \$ _____ The company will impose a charge of \$15.00 on NSF checks.
- Two pay 50% down + \$6 Installment Fee (Payment Due in 160 Days) Down \$ _____ Payment in 160 days \$ _____
- Four pay 25% down + \$6 Installment Fee (Payments due on Day 45, 90 & 135) Down \$ _____ Additional Payments \$ _____

**INDIANA UNINSURED / UNDERINSURED MOTORISTS
& PROPERTY DAMAGE UNINSURED
MOTORISTS COVERAGE SELECTION/REJECTION**

Test General Agency

Test Road

Test State

(123) 456-7890 FAX (123) 456-7890

Indiana law permits you to make certain decisions regarding Uninsured Motorists, Underinsured Motorists & Property Damage Uninsured Motorist Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding the coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) for complete information on the coverages you are provided.

UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, & PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE

Uninsured Motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy.

You have a right to purchase Uninsured Motorist coverage in an amount of \$25,000/\$50,000 split limits up to your policy's Bodily Injury liability limit, or you may reject the coverage entirely. Underinsured Motorists coverage can be rejected, purchased at a minimum limit of \$50,000/\$50,000 split limits, or up to your increased limit of Bodily Injury liability limit.

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of property damage caused by a motorcycle accident. Also included are damages due to property damage that result from a motorcycle accident with a hit-and-run vehicle whose owner or operator cannot be identified.

A. UNINSURED MOTORISTS COVERAGE

Please indicate a choice from either 1., 2., or 3. below by initialing next to the appropriate item.

(Initials)

1. _____ I select Uninsured Motorists Coverage at limits equal to the limits of my Bodily Injury liability Coverage.

(Initials)

2. _____ I reject Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits:

(Choose one):

Split Limits

(Initials)

_____ \$ 25,000 / 50,000

_____ 50,000 / 100,000

_____ 100,000 / 300,000

(Initials)

3. _____ I reject Uninsured Motorists Coverage.

B. UNDERINSURED MOTORISTS COVERAGE

If Uninsured Motorist coverage was rejected above, then Underinsured Motorists coverage cannot be purchased and a selection is not required for Underinsured Motorist coverage in section B.

Please indicate a choice from either 1., 2. Or 3. below by initialing next to the appropriate item.

(Initials)

1. _____ I select Underinsured Motorists Coverage at policy 'mimum limits' of \$50,000/\$50,000.

(Initials)

2. _____ I select Uninsured Motorists Coverage at limits equal to the limits of my increased Uninsured Motorists Coverage.

(Initials)

3. _____ I've purchased Uninsured Motorists coverage above, but hereby reject Underinsured Motorists Coverage.

C. PROPERTY DAMAGAE UNINSURED MOTORISTS COVERAGE

If Uninsured Motorist coverage was rejected above, then Property Damage Uninsured Motorists coverage cannot be purchased and a selection is not required for Property Damage Uninsured Motorist coverage in section C.

(Initials)

1. _____ I accept Property Damage Uninsured Motorist Coverage.

(Initials)

2. _____ I've purchased Uninsured Motorists coverage above, but hereby reject Property Damage Uninsured Motorists Coverage.

Signature Of Applicant/Named Insured

Date