

INDIANA MOTORCYCLE INSURANCE APPLICATION

PRODUCER CODE
PRODUCER NAME
STREET ADDRESS
CITY STATE ZIP CODE

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM 12 MO	PHONE NUMBER	FAX NUMBER
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NAMED INSURED MUST BE THE TITLED OWNER OF THE VEHICLE AND AT LEAST 18 YEARS OLD

FIRST NAME MI LAST	OCCUPATION			
DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M	SOCIAL SECURITY NUMBER	PHONE NUMBER
MAILING ADDRESS		CITY	STATE	ZIP CODE

IS THE NAMED INSURED'S PRIMARY RESIDENCE OWNED OR RENTED? OWNED RENTED

IS THERE AN ADDITIONAL TITLED OWNER? IF YES: FIRST NAME MI LAST	IS THE JOINT OWNERSHIP ENDORSEMENT NEEDED? <input type="checkbox"/> Y <input type="checkbox"/> N
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GARAGING COMPLETE IF ANY VEHICLE IS GARAGED AT A LOCATION DIFFERENT FROM OWNER'S MAILING ADDRESS

VEH #	GARAGING ADDRESS	CITY	STATE	ZIP CODE

OPERATOR LIST ALL RESIDENT OPERATORS

NAME	GENDER	DATE OF BIRTH	MARTIAL STATUS	MOTORCYCLE SAFETY COURSE DATE	MOTORCYCLE SAFETY COURSE INSTRUCTOR DATE	TOTAL YEARS LICENSED	DRIVER'S LICENSE NUMBER	ISSUING STATE	MC LICENSE OR ENDT	SR-22 FILING REQUIRED	YEARS MC EXPERIENCE
1 Named Insured	-	----	--						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
2									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
3									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
4									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
5									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

ACCIDENTS OR VIOLATIONS

HAS ANY OPERATOR BEEN CONVICTED OF A MOVING VIOLATION OR HAD AN ACCIDENT (REGARDLESS OF FAULT OR TYPE OF VEHICLE DRIVEN) WITHIN THE PAST 3 YEARS? Y N
 IF YES, PROVIDE DETAILS BELOW OR IN "REMARKS".

OPERATOR #	ACCIDENT/VIOLATION		ACCIDENT			PLACE (CITY-STATE)	DESCRIPTION
	(SPECIFY)	DATE	AT-FAULT	BODILY INJURY	AMOUNT OF PROPERTY DAMAGE		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

VEHICLE INFORMATION

VEH	MAKE AND MODEL	MODEL YEAR	CC SIZE	TURBOCHARGED OR SUPERCHARGED	CURRENT MARKET VALUE	USE P=PERSONAL B=BUSINESS	ESTIMATED ANNUAL MILEAGE	STORED IN FULLY-ENCLOSED LOCKED GARAGE OR SIMILAR STRUCTURE*
1				<input type="checkbox"/> Y <input type="checkbox"/> N	\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
2				<input type="checkbox"/> Y <input type="checkbox"/> N	\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
3				<input type="checkbox"/> Y <input type="checkbox"/> N	\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
4				<input type="checkbox"/> Y <input type="checkbox"/> N	\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
5				<input type="checkbox"/> Y <input type="checkbox"/> N	\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M

*CHECK "M" IF APPLICANT IS A SERVICEMEMBER WHO LIVES ON A MILITARY BASE AND GARAGES THE VEHICLE(S) ON THE BASE.

VEH	VEHICLE IDENTIFICATION NUMBER	NUMBER OF WHEELS	CONVERTED FROM 2 WHEELS	SPECIFY TRIKE CONVERSION KIT MANUFACTURER	ABS	AIRBAG
1			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

LOSS PAYEE or LEASING COMPANY

VEH #	LEASE OR LOAN NUMBER	NAME OF LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE

RATING QUESTIONS

Y N
 DOES THE INSURED HAVE ANOTHER PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY?
 A LIFE POLICY MUST BE TERM, WHOLE, UNIVERSAL OR VARIABLE UNIVERSAL POLICY, HAVE A FACE AMOUNT OF \$50,000 OR GREATER, ISSUED TO AN ADULT AND IN FORCE.
 Y N
 HAS APPLICANT HAD INSURANCE ON THIS TYPE OF VEHICLE FOR THE PAST 6 MONTHS?

COVERAGE

POLICY COVERAGE	VEHICLE COVERAGE					
BODILY INJURY (Includes Passenger Liability) <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500	INDICATE SELECTION FOR EACH VEHICLE	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
PROPERTY DAMAGE LIABILITY <input type="checkbox"/> 10,000 <input type="checkbox"/> 15,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000	OTHER THAN COLLISION <i>Specify Deductible:</i>	DED \$	DED \$	DED \$	DED \$	DED \$
BODILY INJURY/PROPERTY DAMAGE CSL (Includes Passenger Liability) <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	COLLISION <i>Specify Deductible:</i>	DED \$	DED \$	DED \$	DED \$	DED \$
MEDICAL PAYMENTS <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	TOWING, ROADSIDE ASSISTANCE and TRIP INTERRUPTION COVERAGE	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
UNINSURED MOTORISTS BODILY INJURY (UIBI) Unless rejected, same Limit of Liability as BI or BIPD	OPTIONAL EQUIPMENT (Does not apply to vehicles written as Classic or Custom)					
UNDERINSURED MOTORISTS BODILY INJURY Unless rejected, same Limit of Liability as BI or BIPD (50/50 if UIBI is 25/50)	1. COLLISION and/or OTHER THAN COLLISION include(s) a minimum amount of coverage for optional equipment at no additional charge (see state Program Guide for the amount included at no additional charge). 2. The total amount of optional equipment coverage may not exceed \$15,000. Vehicles with more than \$15,000 optional equipment must be placed in the Custom program.					
UNINSURED MOTORISTS PROPERTY DAMAGE 10,000 EA. ACCIDENT <input type="checkbox"/> \$0 DED <input type="checkbox"/> \$300 DED	Indicate how much additional coverage is needed for each vehicle (do not include trike conversion kit in optional equipment amount)	\$	\$	\$	\$	\$
	TRANSPORT TRAILER COVERAGE Indicate how much coverage is needed and complete the Transport Trailer section below.	\$				
	TOTAL WRITTEN PREMIUM					
	\$					

TRANSPORT TRAILER

MODEL YEAR	MAKE AND MODEL	SERIAL NUMBER	VALUE
			\$

Remarks:

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

- I agree that the insurer may secure and review consumer reports, including motor vehicle records or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
- I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE AM PM

DATE TIME

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE AM PM

DATE TIME

PRODUCER NAME (Print) PRODUCER LICENSE NO. COVERAGE BOUND?
 YES NO

PAYMENT PLANS COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE

<input type="checkbox"/> FULL PAYMENT	<input type="checkbox"/> 3 PAY	<input type="checkbox"/> 6 PAY	<input type="checkbox"/> _____	DOWN PAYMENT \$	BALANCE DUE \$
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UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM - INDIANA

Indiana law requires that the following coverages be offered to you:

Uninsured Motorists Bodily Injury Coverage provides benefits to you, your passengers or relatives living with you if an uninsured motorist causes their injuries. An uninsured motorist is one who is not insured for his/her liability, or who is unidentified after having fled the scene of an accident.

Underinsured Motorists Coverage provides benefits to you, your passengers or relatives living with you if an underinsured motorist causes their injuries. An underinsured motorist is a motorist who is insured at the time of the accident but their limit of liability is less than the limit you select for this coverage.

Property Damage Uninsured Motorists Coverage provides benefits to you if a motorist without insurance causes damage to your vehicle or its contents.

SELECTION OR REJECTION OF COVERAGE

UNINSURED MOTORISTS BODILY INJURY COVERAGE

You have the option of purchasing Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Limits. You may also reject Uninsured Motorists Coverage entirely.

- I select Uninsured Motorists Bodily Injury Coverage at limits equal to my Bodily Injury Liability Coverage.
- I have reviewed my insurance coverage and reject Uninsured Motorists Bodily Injury Coverage entirely.

UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

You have the option of purchasing Underinsured Motorists Coverage at limits equal to your Bodily Injury Liability Limits. You may also reject Underinsured Motorists Coverage entirely.

- I select Underinsured Motorists Bodily Injury Coverage at limits equal to my Bodily Injury Liability Coverage. (Underinsured Motorists limit is 50/50 with Bodily Injury limit of 25/50.)
- I have reviewed my insurance coverage and reject Underinsured Motorists Bodily Injury Coverage entirely.

PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE

(Available only if Uninsured Motorists Bodily Injury Coverage is purchased.) If you purchased Uninsured Motorists Bodily Injury Coverage, you have the option of purchasing Property Damage Uninsured Motorists Coverage. You must select the limit of coverage you desire and the deductible you wish to have applied to this coverage. You may also reject this coverage.

- | | |
|-----------------------------------|--------------------------------|
| LIMIT OF COVERAGE | DEDUCTIBLE |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$0 |
| | <input type="checkbox"/> \$300 |

- I have reviewed my insurance coverage and reject Property Damage Uninsured Motorists coverage entirely.

I understand and agree that the selection of these options applies to my liability insurance. If I do not select from the options above, I understand Uninsured Motorists Coverages will be added at the same limits as my Liability Limits. If I select another option at some future time, I must let the company or my agent know in writing.

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

APPLICANT OR NAMED INSURED (Please print) _____ POLICY NUMBER _____