



TEXAS MOTORCYCLE INSURANCE APPLICATION

AGENCY CODE		
AGENCY 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		HOME PHONE
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

DOES ANY OPERATOR BELONG TO AN APPROVED AFFINITY GROUP OR ALLIANCE? Y N (AGENT: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP) MEMBERSHIP NUMBER
 Which operator: _____ Which organization: _____

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	MARITAL STATUS	MOTORCYCLE SAFETY COURSE DATE	TOTAL YEARS LICENSED	DRIVER'S LICENSE NUMBER	ISSUING STATE	MC LICENSE OR ENDT	YEARS MC EXPERIENCE
1 Named Insured	----	----	----					<input type="checkbox"/> Y <input type="checkbox"/> N	
2								<input type="checkbox"/> Y <input type="checkbox"/> N	
3								<input type="checkbox"/> Y <input type="checkbox"/> N	
4								<input type="checkbox"/> Y <input type="checkbox"/> N	
5								<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

*TO QUALIFY FOR PHYSICAL DAMAGE COVERAGE, VEHICLE MUST BE STORED IN FULLY-ENCLOSED LOCKED GARAGE OR SIMILAR STRUCTURE. VEHICLES OWNED BY SERVICEMEMBERS WHO LIVE ON A MILITARY BASE AND GARAGE OR STORE THEIR VEHICLE(S) ON THE BASE ARE EXEMPT FROM THIS REQUIREMENT.

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

- DOES APPLICANT HAVE AN AUTO, MOTOR HOME, OWNER-OCCUPIED HOMEOWNERS OR MOBILE HOME POLICY WITH FOREMOST, FARMERS, OR ZURICH? Y N
 HAS APPLICANT HAD INSURANCE ON THIS TYPE OF VEHICLE FOR THE PAST 6 MONTHS? Y N

COVERAGE

POLICY COVERAGE	VEHICLE COVERAGE					
BODILY INJURY LIABILITY (Includes Passenger Liability) <input type="checkbox"/> 20/40 <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"/> 15,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000	UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE \$250 DED 15,000 25,000 50,000 100,000 250,000	\$	\$	\$	\$	\$
BODILY INJURY/PROPERTY DAMAGE CSL (Includes Passenger Liability) <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	OTHER THAN 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	COLLISION <i>Specify Deductible:</i>	DED \$	DED \$	DED \$	DED \$	DED \$
PERSONAL INJURY PROTECTION <input type="checkbox"/> 2,500	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/UNDERINSURED MOTORISTS BODILY INJURY <input type="checkbox"/> 20/40 <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500	AUTOMOBILE THEFT PREVENTION AUTHORITY FEE (\$1)**	\$	\$	\$	\$	\$
UNINSURED/UNDERINSURED MOTORISTS BI AND PD \$250 DED FOR PD LOSSES <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	OPTIONAL EQUIPMENT (Does not apply to vehicles written as Classic or Custom) 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 \$7500. Vehicles with more than \$7500 optional equipment must be placed in the Custom program.					
** Texas Civil Statutes Article 4413(37)§10, which became effective on June 6, 1991, requires that \$1.00 per motor vehicle year be paid to the Automobile Theft Prevention Fund. This fee is in addition to the policy premium and is non-refundable and fully earned.	Indicate how much <i>additional</i> coverage is needed for each vehicle (do not include trike conversion kit in optional equipment amount)	\$	\$	\$	\$	\$
		TOTAL WRITTEN PREMIUM (Minimum \$75) \$				

Remarks:

REQUIRED SIGNATURE OF APPLICANT APPLICANT MUST 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 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 Company may investigate and secure consumer reports, including motor vehicle records or credit report information as described above, for persons listed in the application. I further agree that the Company may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy.
- I declare that the statements contained in this application are true to the best of my knowledge and belief. The selections indicated in this application accurately reflect the limits, coverages and deductibles I desire.

SIGNATURE OF APPLICANT _____ DATE _____ TIME _____ AM PM

REQUIRED AGENT INFORMATION AGENT MUST SIGN THIS APPLICATION AND COMPLETE THIS SECTION

SIGNATURE OF AGENT _____ DATE _____ COVERAGE BOUND? YES NO TIME _____ AM PM

NAME OF AGENT (PLEASE PRINT) _____ AGENT LICENSE NO.: _____

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

FULL PAYMENT 3 PAY 6 PAY _____

	DOWN PAYMENT	BALANCE DUE
	\$	\$

UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM - TEXAS

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

UNINSURED / UNDERINSURED MOTORISTS COVERAGE - BODILY INJURY provides benefits to you, your passengers or relatives living with you if an uninsured or underinsured 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. An underinsured motorist is one who is insured at the time of the accident but his/her limit of liability is less than the limit you select for this coverage.

UNINSURED / UNDERINSURED MOTORISTS COVERAGE - PROPERTY DAMAGE - provides benefits to you if a motorist without insurance or a motorist with limits of liability less than the limits you select for this coverage causes damage to your vehicle or its contents.

SELECTION OR REJECTION OF COVERAGE

UNINSURED / UNDERINSURED MOTORISTS COVERAGE - BODILY INJURY

Texas law requires that Uninsured / Underinsured Motorists Coverage - Bodily Injury must be offered to you at limits equal to your Bodily Injury Liability limits. You have the option of selecting lower limits or you may reject this coverage. The limits you select may not exceed your Bodily Injury Liability limits. Indicate your selection here.

\$20,000/40,000 \$50,000/100,000 \$250,000/500,000
 \$25,000/50,000 \$100,000/300,000 Reject

UNINSURED / UNDERINSURED MOTORISTS COVERAGE - PROPERTY DAMAGE

Uninsured / Underinsured Motorists Property Damage Coverage is available only if you have purchased Uninsured / Underinsured Motorists Coverage - Bodily Injury. It is subject to a deductible of \$250. You also have the option of rejecting this coverage. The limits you select may not exceed your Property Damage Liability limits. Indicate your selection here.

\$15,000 \$25,000 \$50,000 \$100,000 \$250,000

Vehicle #1 \$ _____ Vehicle #2 \$ _____ Vehicle #3 \$ _____ Vehicle #4 \$ _____ Vehicle #5 \$ _____

I have reviewed my coverages and reject Uninsured / Underinsured Motorists Coverage Property Damage for:

Vehicle #1 Vehicle #2 Vehicle #3 Vehicle #4 Vehicle #5

UNINSURED / UNDERINSURED MOTORISTS COVERAGE - BODILY INJURY AND PROPERTY DAMAGE COMBINED SINGLE LIMIT

You may also select Uninsured / Underinsured Motorists Coverage - Bodily Injury and Property Damage Combined Single Limit. Property Damage coverage is subject to a \$250 deductible. You also have the option of rejecting this coverage. The limits you select may not exceed your Bodily Injury Liability limits. Indicate your selection here.

\$300,000 \$500,000 Reject

I understand if I do not make selections from the above options, Uninsured Motorists Coverage will be added at Limits equal to the Liability Limits on my policy.

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

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

721686 01/05

PERSONAL INJURY PROTECTION REJECTION - TEXAS

Texas law requires that Personal Injury Protection Coverage be offered on every motorcycle liability policy issued in the state. The law gives you the right to reject this coverage in writing.

I hereby reject Personal Injury Protection Coverage entirely.

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

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

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