

CONNECTICUT 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 <input type="checkbox"/> CU	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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DOES ANY OPERATOR BELONG TO AN APPROVED AFFINITY GROUP OR ALLIANCE? Y N
 Which operator: _____ Which organization: _____ (PRODUCER: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP) MEMBERSHIP NUMBER

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	MOTORCYCLE SAFETY COURSE INSTRUCTOR 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

*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? Y N
 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? Y N

COVERAGE

POLICY COVERAGE		VEHICLE COVERAGE				
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	INDICATE SELECTION FOR EACH VEHICLE	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
PROPERTY DAMAGE <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 \$
BODILY INJURY/PROPERTY DAMAGE CSL <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	COLLISION <i>Specify Deductible:</i>	DED \$	DED \$	DED \$	DED \$	DED \$
PASSENGER LIABILITY (Unless rejected, same Limit of Liability as BI)	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
MEDICAL PAYMENTS <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000	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 \$15,000. Vehicles with more than \$15,000 optional equipment must be placed in the Custom program.					
UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY* <input type="checkbox"/> 20/40 <input type="checkbox"/> 25/50 <input type="checkbox"/> 40/80 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/200 <input type="checkbox"/> 100/300 <input type="checkbox"/> 200/600 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500 <input type="checkbox"/> 500/1000 <input type="checkbox"/> 600/600 <input type="checkbox"/> 1000/1000	Indicate how much <i>additional</i> coverage is needed for each vehicle (do not include trike conversion kit in optional equipment amount)	\$	\$	\$	\$	\$
UNINSURED/UNDERINSURED MOTORISTS CONVERSION BODILY INJURY (UUBIC)* <input type="checkbox"/> 20/40 <input type="checkbox"/> 25/50 <input type="checkbox"/> 40/80 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/200 <input type="checkbox"/> 100/300 <input type="checkbox"/> 200/600 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500 <input type="checkbox"/> 500/1000 <input type="checkbox"/> 600/600 <input type="checkbox"/> 1000/1000	TRANSPORT TRAILER COVERAGE Indicate how much coverage is needed and complete the Transport Trailer section below.					
*Form 732342 must be completed to select Uninsured/Underinsured Motorists Conversion Bodily Injury coverage or to select limits for Uninsured/Underinsured Motorists Bodily Injury or Uninsured/Underinsured Motorists Conversion Bodily Injury that are different from your Bodily Injury limits.	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, the insurer may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. The insurer may use a third party in connection with the development of your insurance score. You may request, in writing, a reconsideration of an insurance score because of the direct influence on your credit information of an extraordinary life circumstance as set forth in Connecticut Gen. Stats. Section 38a-686(b)(6)(D).

Notice of Information Practices. The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information.

- I agree that the insurer may secure and review consumer reports, including motor vehicle records or credit report information as described above, for persons listed in the application or subsequently added to the policy. 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, or for my request for a change in policy benefits, or for a replacement policy as permitted by law. I or my authorized representative may request a copy of this authorization 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.
- I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

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  DATE TIME AM PM

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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Form 203506 12/11

PASSENGER LIABILITY REJECTION - CONNECTICUT

Passenger Liability provides liability coverage for bodily injury sustained by any person who is occupying your covered off-road vehicle or motorcycle as a passenger. If you do not complete the following, your policy will include Passenger Liability coverage equal to your Bodily Injury limits.

I have had Passenger Liability coverage explained to me and fully understand it. I hereby reject such coverage and understand that my policy will not contain this coverage when issued or renewed.

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

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

737515 06/07

Types of Coverage**UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

Connecticut law requires you to buy Uninsured/Underinsured Motorists (UM/UIM) coverage. Generally, this coverage only applies where the person who causes an accident is not an insured under your policy.

Anyone injured in an accident may seek to recover damages from the person causing the loss. These losses include your medical bills, lost wages (past and future), as well as payment for disabilities, pain and suffering and loss of enjoyment of life's activities.

Normally, these damages would be paid by the other person's insurance company. UM/UIM coverage protects you, your family and others in your car for injuries caused by someone who did not buy insurance.

You have the right to choose the amount of coverage. It can be as low as \$20,000 per person and \$40,000 per accident, or as high as twice your policy's Bodily Injury Liability coverage limit. The amount of liability coverage you buy will govern the maximum amount of UM/UIM coverage you can buy.

This coverage also includes standard Underinsured Motorists (UIM) coverage. It protects you where injuries are caused by someone whose insurance is not enough to pay your damages and is less than your UM/UIM limits. UIM coverage will pay your damages to fill in the difference between those limits. However, the protection available under standard UIM coverage is usually reduced by amounts paid by workers' compensation, or by or on behalf of the person at fault.

UNDERINSURED MOTORISTS CONVERSION COVERAGE

Under the current law, you can convert standard UIM coverage to UNDERINSURED MOTORISTS CONVERSION (UIMC) COVERAGE. This coverage is not reduced by payments from any source. If your damages exceed the amount of the at-fault person's insurance, or other payments, your UIMC coverage will be available for damages not paid.

Both standard (UIM) and conversion (UIMC) coverages only become available after the liability insurance of the at-fault person has been fully paid.

Stacking

Connecticut law does not provide for stacking of UM/UIM coverage. Stacking allows insureds to add together UM/UIM coverage under separate policies or, in multi-car policies, the insurance applicable to each car.

With stacking, if you had two insured cars and you purchased \$100,000 of UM/UIM coverage, you received (and you paid for) \$200,000 of protection. Under the current law, the amount purchased (\$100,000) is not multiplied by the number of cars insured.

Also, your UM/UIM coverage is limited to the highest available limit under any of the policies that apply to the accident. If you are injured in a car you own, you are limited to the amount of coverage for that car.

ELECTION OF COVERAGE

UNINSURED/UNDERINSURED MOTORISTS (UM/UIM) COVERAGE

If you do not check a box below, your policy will be issued with standard UIM coverage (not Conversion UIM coverage) with limits equal to your Bodily Injury Liability (BI) coverage limits.

If you check more than one box, your policy will be issued with the highest level of coverage selected.

Premiums are shown without any discounts. One 10% discount is available for those who meet the requirements for either or both the Motorcycle Safety Course Discount or the Motorcycle Safety Course Instructor Discount. Premiums shown are per motorcycle.

SELECT ONE OPTION UNDER EITHER STANDARD UIM COVERAGE OR CONVERSION UIM COVERAGE.

DO NOT CHECK MORE THAN ONE BOX BELOW.

You can determine the rating territory to use by contacting your Foremost Representative.

Bodily Injury Liability Coverage Limit You Selected	UM/UIM With Standard UIM Coverage				UM/UIM With Conversion UIM Coverage				
	Limit	Premium Territory 1	Premium Territory 2	Premium Territory 3	Limit	Premium Territory 1	Premium Territory 2	Premium Territory 3	
500 CSL+	1000/1000	<input type="checkbox"/> \$296	<input type="checkbox"/> \$340	<input type="checkbox"/> \$429	1000/1000	<input type="checkbox"/> \$347	<input type="checkbox"/> \$398	<input type="checkbox"/> \$502	
	500/500	<input type="checkbox"/> \$259	<input type="checkbox"/> \$298	<input type="checkbox"/> \$376	500/500	<input type="checkbox"/> \$317	<input type="checkbox"/> \$364	<input type="checkbox"/> \$459	
	300/300	* <input type="checkbox"/> \$222	* <input type="checkbox"/> \$255	* <input type="checkbox"/> \$322	300/300	* <input type="checkbox"/> \$287	* <input type="checkbox"/> \$330	* <input type="checkbox"/> \$416	
	250/500	* <input type="checkbox"/> \$200	* <input type="checkbox"/> \$230	* <input type="checkbox"/> \$290	250/500	* <input type="checkbox"/> \$267	* <input type="checkbox"/> \$307	* <input type="checkbox"/> \$388	
	100/300	* <input type="checkbox"/> \$148	* <input type="checkbox"/> \$170	* <input type="checkbox"/> \$215	100/300	* <input type="checkbox"/> \$198	* <input type="checkbox"/> \$228	* <input type="checkbox"/> \$287	
	50/100	* <input type="checkbox"/> \$130	* <input type="checkbox"/> \$149	* <input type="checkbox"/> \$188	50/100	* <input type="checkbox"/> \$173	* <input type="checkbox"/> \$199	* <input type="checkbox"/> \$251	
	25/50	* <input type="checkbox"/> \$111	* <input type="checkbox"/> \$128	* <input type="checkbox"/> \$161	25/50	* <input type="checkbox"/> \$149	* <input type="checkbox"/> \$171	* <input type="checkbox"/> \$215	
	20/40	* <input type="checkbox"/> \$ 74	* <input type="checkbox"/> \$ 85	* <input type="checkbox"/> \$107	20/40	* <input type="checkbox"/> \$ 99	* <input type="checkbox"/> \$114	* <input type="checkbox"/> \$144	
300 CSL+	600/600	<input type="checkbox"/> \$270	<input type="checkbox"/> \$311	<input type="checkbox"/> \$392	600/600	<input type="checkbox"/> \$327	<input type="checkbox"/> \$376	<input type="checkbox"/> \$474	
	300/300	<input type="checkbox"/> \$222	<input type="checkbox"/> \$255	<input type="checkbox"/> \$322	300/300	<input type="checkbox"/> \$287	<input type="checkbox"/> \$330	<input type="checkbox"/> \$416	
	250/500	* <input type="checkbox"/> \$200	* <input type="checkbox"/> \$230	* <input type="checkbox"/> \$290	250/500	* <input type="checkbox"/> \$267	* <input type="checkbox"/> \$307	* <input type="checkbox"/> \$388	
	100/300	* <input type="checkbox"/> \$148	* <input type="checkbox"/> \$170	* <input type="checkbox"/> \$215	100/300	* <input type="checkbox"/> \$198	* <input type="checkbox"/> \$228	* <input type="checkbox"/> \$287	
	50/100	* <input type="checkbox"/> \$130	* <input type="checkbox"/> \$149	* <input type="checkbox"/> \$188	50/100	* <input type="checkbox"/> \$173	* <input type="checkbox"/> \$199	* <input type="checkbox"/> \$251	
	25/50	* <input type="checkbox"/> \$111	* <input type="checkbox"/> \$128	* <input type="checkbox"/> \$161	25/50	* <input type="checkbox"/> \$149	* <input type="checkbox"/> \$171	* <input type="checkbox"/> \$215	
	20/40	* <input type="checkbox"/> \$ 74	* <input type="checkbox"/> \$ 85	* <input type="checkbox"/> \$107	20/40	* <input type="checkbox"/> \$ 99	* <input type="checkbox"/> \$114	* <input type="checkbox"/> \$144	
	250/500++	500/1000	<input type="checkbox"/> \$278	<input type="checkbox"/> \$319	<input type="checkbox"/> \$402	500/1000	<input type="checkbox"/> \$337	<input type="checkbox"/> \$387	<input type="checkbox"/> \$488
250/500		<input type="checkbox"/> \$200	<input type="checkbox"/> \$230	<input type="checkbox"/> \$290	250/500	<input type="checkbox"/> \$267	<input type="checkbox"/> \$307	<input type="checkbox"/> \$388	
100/300		* <input type="checkbox"/> \$148	* <input type="checkbox"/> \$170	* <input type="checkbox"/> \$215	100/300	* <input type="checkbox"/> \$198	* <input type="checkbox"/> \$228	* <input type="checkbox"/> \$287	
50/100		* <input type="checkbox"/> \$130	* <input type="checkbox"/> \$149	* <input type="checkbox"/> \$188	50/100	* <input type="checkbox"/> \$173	* <input type="checkbox"/> \$199	* <input type="checkbox"/> \$251	
25/50		* <input type="checkbox"/> \$111	* <input type="checkbox"/> \$128	* <input type="checkbox"/> \$161	25/50	* <input type="checkbox"/> \$149	* <input type="checkbox"/> \$171	* <input type="checkbox"/> \$215	
20/40		* <input type="checkbox"/> \$ 74	* <input type="checkbox"/> \$ 85	* <input type="checkbox"/> \$107	20/40	* <input type="checkbox"/> \$ 99	* <input type="checkbox"/> \$114	* <input type="checkbox"/> \$144	
100/300++		200/600	<input type="checkbox"/> \$185	<input type="checkbox"/> \$213	<input type="checkbox"/> \$268	200/600	<input type="checkbox"/> \$248	<input type="checkbox"/> \$285	<input type="checkbox"/> \$359
		100/300	<input type="checkbox"/> \$148	<input type="checkbox"/> \$170	<input type="checkbox"/> \$215	100/300	<input type="checkbox"/> \$198	<input type="checkbox"/> \$228	<input type="checkbox"/> \$287
	50/100	* <input type="checkbox"/> \$130	* <input type="checkbox"/> \$149	* <input type="checkbox"/> \$188	50/100	* <input type="checkbox"/> \$173	* <input type="checkbox"/> \$199	* <input type="checkbox"/> \$251	
	25/50	* <input type="checkbox"/> \$111	* <input type="checkbox"/> \$128	* <input type="checkbox"/> \$161	25/50	* <input type="checkbox"/> \$149	* <input type="checkbox"/> \$171	* <input type="checkbox"/> \$215	
	20/40	* <input type="checkbox"/> \$ 74	* <input type="checkbox"/> \$ 85	* <input type="checkbox"/> \$107	20/40	* <input type="checkbox"/> \$ 99	* <input type="checkbox"/> \$114	* <input type="checkbox"/> \$144	
50/100++	100/200	<input type="checkbox"/> \$144	<input type="checkbox"/> \$166	<input type="checkbox"/> \$209	100/200	<input type="checkbox"/> \$193	<input type="checkbox"/> \$222	<input type="checkbox"/> \$280	
	50/100	<input type="checkbox"/> \$130	<input type="checkbox"/> \$149	<input type="checkbox"/> \$188	50/100	<input type="checkbox"/> \$173	<input type="checkbox"/> \$199	<input type="checkbox"/> \$251	
	25/50	* <input type="checkbox"/> \$111	* <input type="checkbox"/> \$128	* <input type="checkbox"/> \$161	25/50	* <input type="checkbox"/> \$149	* <input type="checkbox"/> \$171	* <input type="checkbox"/> \$215	
	20/40	* <input type="checkbox"/> \$ 74	* <input type="checkbox"/> \$ 85	* <input type="checkbox"/> \$107	20/40	* <input type="checkbox"/> \$ 99	* <input type="checkbox"/> \$114	* <input type="checkbox"/> \$144	
25/50++	50/100	<input type="checkbox"/> \$130	<input type="checkbox"/> \$149	<input type="checkbox"/> \$188	50/100	<input type="checkbox"/> \$173	<input type="checkbox"/> \$199	<input type="checkbox"/> \$251	
	25/50	<input type="checkbox"/> \$111	<input type="checkbox"/> \$128	<input type="checkbox"/> \$161	25/50	<input type="checkbox"/> \$149	<input type="checkbox"/> \$171	<input type="checkbox"/> \$215	
	20/40	* <input type="checkbox"/> \$ 74	* <input type="checkbox"/> \$ 85	* <input type="checkbox"/> \$107	20/40	* <input type="checkbox"/> \$ 99	* <input type="checkbox"/> \$114	* <input type="checkbox"/> \$144	
20/40++	40/80	<input type="checkbox"/> \$126	<input type="checkbox"/> \$145	<input type="checkbox"/> \$182	40/80	<input type="checkbox"/> \$168	<input type="checkbox"/> \$194	<input type="checkbox"/> \$244	
	20/40	<input type="checkbox"/> \$ 74	<input type="checkbox"/> \$ 85	<input type="checkbox"/> \$107	20/40	<input type="checkbox"/> \$ 99	<input type="checkbox"/> \$114	<input type="checkbox"/> \$144	

NOTE: An asterisk (*) preceding a box indicates a reduction in coverage below your Bodily Injury Liability limit.

IF YOU HAVE CHECKED ONE OF THE BOXES PRECEDED BY AN ASTERISK(*) WHEN YOU SIGN THIS FORM, YOU ARE CHOOSING A REDUCED PREMIUM, BUT YOU ARE ALSO CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY. IF YOU ARE UNCERTAIN ABOUT HOW THIS DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INSURANCE AGENT OR ANOTHER QUALIFIED ADVISOR.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Any Named Insured _____

Date _____

† Combined Single Limit Bodily Injury and Property Damage Liability Coverage
 †† Each Person / Each Accident

Policy or Reference # _____