

CONNECTICUT OFF-ROAD VEHICLE 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 (PRODUCER: 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	OFF-ROAD VEHICLE SAFETY COURSE DATE	TOTAL YEARS LICENSED	DRIVER'S LICENSE NUMBER	ISSUING STATE	YEARS ORV EXPERIENCE
1 Named Insured	----	----	----					
2								
3								
4								
5								

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	VEHICLE TYPE: ATV, OFF-ROAD MOTORCYCLE, DUNE BUGGY, GOLF CART, or SNOWMOBILE	MAKE AND MODEL	MODEL YEAR	CC SIZE	CURRENT MARKET VALUE	USE P=PERSONAL B=BUSINESS	ESTIMATED ANNUAL MILEAGE
1					\$		
2					\$		
3					\$		
4					\$		
5					\$		

VEH	VEHICLE IDENTIFICATION NUMBER	NUMBER OF WHEELS	DUNE BUGGY		GOLF CART	ATV	SNOWMOBILE	OPERATOR PERCENT OF USE				
			CHASSIS MAKE	ENGINE MAKE	GAS, DIESEL, ELECTRIC	NUMBER OF DRIVE WHEELS	NUMBER OF PASSENGERS	OP 1	OP 2	OP 3	OP 4	OP 5
1								%	%	%	%	%
2								%	%	%	%	%
3								%	%	%	%	%
4								%	%	%	%	%
5								%	%	%	%	%

LOSS PAYEE or LEASING COMPANY

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

RATING QUESTIONS

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.
 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)	OPTIONAL EQUIPMENT (Does not apply to dune buggies or golf carts.) Indicate the total amount of coverage needed for each vehicle. The maximum available per vehicle is \$7,500.					
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		\$	\$	\$	\$	\$
UNINSURED MOTORISTS BODILY INJURY <input type="checkbox"/> 20/40 <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300	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, 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 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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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 _____

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