

# MASSACHUSETTS OFF-ROAD VEHICLE INSURANCE APPLICATION



|                |       |          |
|----------------|-------|----------|
| AGENCY CODE    |       |          |
| AGENCY NAME    |       |          |
| STREET ADDRESS |       |          |
| CITY           | STATE | ZIP CODE |

|                            |                |               |              |            |
|----------------------------|----------------|---------------|--------------|------------|
| REFERENCE OR POLICY NUMBER | EFFECTIVE DATE | TERM<br>12 MO | PHONE NUMBER | FAX NUMBER |
|----------------------------|----------------|---------------|--------------|------------|

**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<br><input type="checkbox"/> M <input type="checkbox"/> F | MARITAL STATUS<br><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 |
|--|------------|----|------|--|

**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 DRV 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:<br>ATV, OFF-ROAD MOTORCYCLE,<br>GOLF CART, OR SNOWMOBILE | MAKE AND MODEL | MODEL YEAR | CC SIZE | CURRENT MARKET VALUE | USE<br>P=PERSONAL<br>B=BUSINESS | ESTIMATED ANNUAL MILEAGE |
|-----|--|----------------|------------|---------|----------------------|---------------------------------|--------------------------|
| 1   |  |                |            |         | \$                   |                                 |                          |
| 2   |  |                |            |         | \$                   |                                 |                          |
| 3   |  |                |            |         | \$                   |                                 |                          |
| 4   |  |                |            |         | \$                   |                                 |                          |
| 5   |  |                |            |         | \$                   |                                 |                          |

| VEH | VEHICLE IDENTIFICATION NUMBER | NUMBER OF WHEELS | GOLF CART             | ATV                    | SNOWMOBILE           | OPERATOR PERCENT OF USE |      |      |      |      |
|-----|-------------------------------|------------------|-----------------------|------------------------|----------------------|-------------------------|------|------|------|------|
|     |                               |                  | 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 APPLICANT HAVE ANOTHER IN-FORCE PERSONAL LINES POLICY OR *QUALIFIED\** LIFE POLICY WITH FOREMOST, FARMERS, ZURICH OR BRISTOL-WEST?  Y  N
- \*REFER TO PROGRAM GUIDE FOR QUALIFICATIONS.
- HAS APPLICANT HAD INSURANCE ON THIS TYPE OF VEHICLE FOR THE PAST 6 MONTHS?  Y  N

**COVERAGE**

| POLICY COVERAGE  | VEHICLE COVERAGE  |              |              |              |              |              |
|--|---|--------------|--------------|--------------|--------------|--------------|
| BODILY INJURY (Includes Passenger Liability)<br><input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 | <b>INDICATE SELECTION FOR EACH VEHICLE</b>  | <b>VEH 1</b> | <b>VEH 2</b> | <b>VEH 3</b> | <b>VEH 4</b> | <b>VEH 5</b> |
| PROPERTY DAMAGE<br><input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000                             | OTHER THAN COLLISION<br><i>Specify Deductible:</i>  | DED<br>\$    | DED<br>\$    | DED<br>\$    | DED<br>\$    | DED<br>\$    |
| BODILY INJURY/PROPERTY DAMAGE CSL (Includes Passenger Liability)<br><input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000  | COLLISION<br><i>Specify Deductible:</i>   | DED<br>\$    | DED<br>\$    | DED<br>\$    | DED<br>\$    | DED<br>\$    |
| MEDICAL PAYMENTS<br><input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000                                 | OPTIONAL EQUIPMENT<br>(Does not apply to golf carts.)<br><br>Indicate the total amount of coverage needed for each vehicle. The maximum available per vehicle is \$7,500. | \$           | \$           | \$           | \$           | \$           |
| UNINSURED MOTORISTS BODILY INJURY<br><input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500            | TRANSPORT TRAILER COVERAGE<br>Indicate how much coverage is needed and complete the Transport Trailer section below. \$   |              |              |              |              |              |
|  | <b>TOTAL WRITTEN PREMIUM</b> \$   |              |              |              |              |              |

**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 information contained in that credit report. We may use a third party in connection with the development of your insurance score.

1. I agree that the insurer 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 insurer may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy.
2. 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.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
4. I agree that the Company and its affiliates may use any telephone 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      DATE TIME  AM  PM

**REQUIRED AGENT 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.*

AGENT SIGNATURE      DATE TIME  AM  PM

AGENT NAME (Print) AGENT 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"/> 2 PAY <input type="checkbox"/> 3 PAY <input type="checkbox"/> 6 PAY <input type="checkbox"/> _____ | DOWN PAYMENT<br>\$ | BALANCE DUE<br>\$ |
|---|--------------------|-------------------|