FOREMOST®
A Farmers Insurance® Company
Foremost Insurance Company Grand Rapids, Michigan

NEVADA 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

NAMED INSURED MUST BE THE TITLED OWNER OF THE VEHICLE AND AT LEAST 18 YEARS OLD

FIRST NAME	MI	LAST	OCCUPATION

DATE OF BIRTH	MARITAL STATUS ❑ S ❑ M ❑ RDP	SOCIAL SECURITY NUMBER	PHONE NUMBER

MAILING ADDRESS	CITY	STATE	ZIP CODE

IS THERE AN ADDITIONAL TITLED OWNER? IF YES:	FIRST NAME	MI	LAST	IS THE JOINT OWNERSHIP ENDORSEMENT NEEDED? ❑ Y ❑ N

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 OPERATORS

	NAME	DATE OF BIRTH	MARITAL STATUS	MOTORCYCLE SAFETY COURSE DATE	MOTORCYCLE SAFETY COURSE INSTRUCTOR DATE	TOTAL YEARS LICENSED	ACCIDENT PREVENTION COURSE DATE	DRIVER'S LICENSE NUMBER	ISSUING STATE	MC LICENSE OR ENDT	SR-22 FILING REQUIRED	YEARS MC EXPERIENCE
1	Named Insured	-----	---							❑ Y ❑ N	❑ Y ❑ N	
2										❑ Y ❑ N	❑ Y ❑ N	
3										❑ Y ❑ N	❑ Y ❑ N	
4										❑ Y ❑ N	❑ Y ❑ N	
5										❑ Y ❑ N	❑ Y ❑ 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 (SPECIFY)	ACCIDENT/VIOLATION DATE	ACCIDENT AT-FAULT	ACCIDENT BODILY INJURY	ACCIDENT AMOUNT OF PROPERTY DAMAGE	PLACE (CITY-STATE)	DESCRIPTION
	❑ ACC ❑ VIOL		❑ Y ❑ N	❑ Y ❑ N	$		
	❑ ACC ❑ VIOL		❑ Y ❑ N	❑ Y ❑ N	$		
	❑ ACC ❑ VIOL		❑ Y ❑ N	❑ Y ❑ N	$		
	❑ ACC ❑ VIOL		❑ Y ❑ N	❑ Y ❑ N	$		

VEHICLE INFORMATION

VEH	MAKE AND MODEL	MODEL YEAR	IS THE VEHICLE A VINTAGE** MOTORCYCLE?	CC SIZE	TURBOCHARGED OR SUPERCHARGED	YEAR PURCHASED	CURRENT MARKET VALUE	USE P=PERSONAL B=BUSINESS
1			❑ Y ❑ N		❑ Y ❑ N		$	
2			❑ Y ❑ N		❑ Y ❑ N		$	
3			❑ Y ❑ N		❑ Y ❑ N		$	
4			❑ Y ❑ N		❑ Y ❑ N		$	
5			❑ Y ❑ N		❑ Y ❑ N		$	

VEH	ESTIMATED ANNUAL MILEAGE	STORED IN FULLY-ENCLOSED LOCKED GARAGE OR SIMILAR STRUCTURE	VEHICLE IDENTIFICATION NUMBER	NUMBER OF WHEELS	CONVERTED FROM 2 WHEELS
1		❑ Y ❑ N			❑ Y ❑ N
2		❑ Y ❑ N			❑ Y ❑ N
3		❑ Y ❑ N			❑ Y ❑ N
4		❑ Y ❑ N			❑ Y ❑ N
5		❑ Y ❑ N			❑ Y ❑ N

**** VINTAGE MOTORCYCLES ARE 25 OR MORE YEARS OLD, NON-CUSTOM, MAINTAINED OR RESTORED TO ORIGINAL CONDITION, INCLUDE OTHER THAN COLLISION COVERAGE AND ARE NOT RIDDEN REGULARLY.**

NOTE: *VEHICLES THAT ARE USED IN ANY FULL- OR PART-TIME BUSINESS, OCCUPATION OR PROFESSIONAL CAPACITY, ARE* **UNACCEPTABLE - DO NOT BIND OR SUBMIT.** *PERSONAL USE VEHICLES THAT ARE OCCASIONALLY RENTED, LEASED, OR LOANED TO OTHERS FOR A CHARGE OR FEE ARE ELIGIBLE.* **HOWEVER, COVERAGE DOES NOT APPLY DURING THE TIME YOUR VEHICLE IS RENTED, LEASED, OR LOANED.**

VEH	SPECIFY TRIKE CONVERSION KIT MANUFACTURER	ABS	THEFT PREVENTION DEVICE	THEFT RECOVERY DEVICE	HELMET BRAKE LIGHT	LAYUP (IN MONTHS)
1		❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	
2		❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	
3		❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	
4		❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	
5		❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	

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
IF YES, MORE THAN ONE? ❑ 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

BODILY INJURY (Includes Passenger Liability)
❑ 25/50 ❑ 50/100 ❑ 100/300 ❑ 250/500 ❑ 300/300 ❑ 500/500

PROPERTY DAMAGE
❑ 20,000 ❑ 25,000 ❑ 50,000 ❑ 100,000 ❑ 250,000

MEDICAL PAYMENTS
❑ 1,000 ❑ 2,500 ❑ 5,000 ❑ 10,000

UNINSURED MOTORISTS BODILY INJURY
❑ 25/50 ❑ 50/100 ❑ 100/300 ❑ 250/500 ❑ 300/300 ❑ 500/500

*AVAILABLE PACKAGES CAN BE FOUND IN THE PROGRAM GUIDE.

VEHICLE COVERAGE

INDICATE SELECTION FOR EACH VEHICLE	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
SPECIFY PACKAGE*					
OTHER THAN COLLISION *Specify Deductible:*	$	$	$	$	$
COLLISION *Specify Deductible:*	$	$	$	$	$
TOWING AND ROADSIDE ASSISTANCE	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N

OPTIONAL EQUIPMENT (Does not apply to Vintage motorcycles, Custom motorcycles, Constructed motorcycles, Licensed ATVs, Licensed Golf-Carts or Low-Speed Vehicles)

1. If COLLISION and/or OTHER THAN COLLISION is purchased, certain packages may include a minimum amount of coverage at no additional charge (see state Program Guide for included amounts and/or availability).
2. The total amount of Optional Equipment coverage may not exceed $30,000. Vehicles with more than $30,000 optional equipment must be written in the Custom Program.

Indicate the total amount of coverage needed for each vehicle.	$	$	$	$	$

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 the 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 reconsideration of an insurance score because of the direct influence of an extraordinary life circumstance on your credit information. Your request must be received within 60 days from the date of your application or renewal. Please contact Underwriting at 1-800-958-6120 for more information on your right to reconsideration.

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.

1. I agree to allow the insurer and its representatives to secure and review consumer report information including loss history reports, motor vehicle records, or credit report information for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives 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 purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect for one year. I may request a copy of this authorization from my insurance representative.
2. I declare that the information contained in this application is true and complete 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 understand that the coverage I selected will not provide Liability Coverage, Medical Payments Coverage or Coverage For Damage To Your Motorcycle while that vehicle is rented, leased or loaned for a charge or fee to any organization or any person other than me.

APPLICANT SIGNATURE ➡ DATE TIME ❑ AM ❑ PM

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

	DOWN PAYMENT	BALANCE DUE
❑ FULL PAYMENT ❑ 3 PAY ❑ 6 PAY ❑ _____	$	$

NEVADA MEDICAL PAYMENTS AND UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

MEDICAL PAYMENTS COVERAGE

Medical Payments Coverage provides protection without regard to legal liability for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer.

You may purchase Medical Payments Coverage at limits of $1,000 or higher. Please select an option below to pick one of the Medical Payments Coverage limits or reject Medical Payments Coverage entirely. If you do not make a selection or reject coverage, Medical Payments Coverage will be provided at a limit of $1,000.

❑ Medical Payments Coverage has been explained to me and I reject this coverage entirely.

❑ I select the following Medical Payments Coverage limit:

❑ $1,000 ❑ $2,500 ❑ $5,000 ❑ $10,000

UNINSURED MOTORISTS COVERAGE (Includes Underinsured Motorists Coverage)

Uninsured Motorists Coverage protects the named insured, the named insured's resident relatives and occupants in the insured vehicle if they sustain bodily injury in an accident for which the owner or operator of a motor vehicle is legally liable and does not have insurance. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Nevada law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorists entirely. If you do not complete the following, your policy will be issued with Uninsured Motorists limits equal to your Bodily Injury limits and the policy premium will be increased.

❑ Uninsured Motorists Coverage has been explained to me and I reject this coverage entirely.

❑ I select the following Uninsured Motorists Coverage limits, which are LOWER than my Bodily Injury Liability limits:

❑ $25,000/$50,000 ❑ $50,000/$100,000 ❑ $100,000/$300,000

❑ $250,000/$500,000 ❑ $300,000/$300,000 ❑ $500,000/$500,000

NOTICE REGARDING DUPLICATION, STACKING OR COMBINING OF MEDICAL PAYMENTS AND UNINSURED MOTORISTS COVERAGE

If you have more than one vehicle insured with us, we will not pay any insured more than the single highest limit of Medical Payments Coverage Or Uninsured Motorists Coverage which you have on any one of those vehicles. This limit applies regardless of the number of policies, insured persons, insured vehicles, claims made or cars involved in the accident. Coverage on your other vehicles insured by us cannot be added, stacked together or combined.

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

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