



ARIZONA OFF-ROAD VEHICLE & UNLICENSED LOW-SPEED VEHICLE 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
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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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	TYPE: ATV, DUNE BUGGY, GOLF CART, NEIGHBORHOOD ELECTRIC VEHICLE (NEV), OFF-ROAD MOTORCYCLE, 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	LICENSED FOR ROAD USE**	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			<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						%	%	%	%	%

▶▶▶ **GOLF CARTS, NEVs, OFF-ROAD MOTORCYCLES, AND SNOWMOBILES LICENSED FOR ROAD USE ARE NOT ELIGIBLE FOR THIS PROGRAM.

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 APPLICANT HAVE ANOTHER IN-FORCE PERSONAL LINES POLICY OR QUALIFIED* LIFE POLICY WITH FOREMOST, FARMERS, ZURICH OR BRISTOL-WEST? *REFER TO PROGRAM GUIDE FOR QUALIFICATIONS.
 Y N
 HAS APPLICANT HAD INSURANCE ON THIS TYPE OF VEHICLE FOR THE PAST 6 MONTHS?

COVERAGE

POLICY COVERAGE	VEHICLE COVERAGE					
BODILY INJURY (Includes Passenger Liability) <input type="checkbox"/> 15/30 <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 \$	DED \$
BODILY INJURY/PROPERTY DAMAGE CSL (Includes Passenger Liability) <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	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	OPTIONAL EQUIPMENT (Does not apply to dune buggies, golf carts, or NEVs.) Indicate the total amount of coverage needed for each vehicle. The maximum available per vehicle is \$7,500.	\$	\$	\$	\$	
UNINSURED MOTORISTS BODILY INJURY <input type="checkbox"/> 15/30 <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500		TRANSPORT TRAILER COVERAGE Indicate how much coverage is needed and complete the Transport Trailer section below. \$				
UNDERINSURED MOTORISTS BODILY INJURY <input type="checkbox"/> 15/30 <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500		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, 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 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.
- 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.
- If I enroll in a Foremost payment plan to pay my premium on an installment basis, I understand and agree an installment fee will be added to each bill for both my current policy term and any future renewals or replacements of the policy. This fee will be \$2.00 if I select the 12-pay plan or \$4.00 for any other plan.

APPLICANT SIGNATURE AM PM
 DATE TIME

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 AM PM
 DATE TIME

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"/> 3 PAY <input type="checkbox"/> 6 PAY <input type="checkbox"/> 10 PAY <input type="checkbox"/> 11 PAY <input type="checkbox"/> 12 PAY* <input type="checkbox"/> _____ *12 pay option is available only with Automatic Electronic Funds Transfer (EFT).	DOWN PAYMENT \$	BALANCE DUE \$
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**UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
SELECTION/REJECTION - ARIZONA**

DO NOT SIGN UNTIL YOU READ

You have a legal right to purchase **both** Uninsured and Underinsured Motorists coverages with the proposed off-road vehicle liability policy. **THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.**

Uninsured motorists insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorists coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured and Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase both Uninsured Motorists Coverage, and Underinsured Motorists coverage in any amount from \$15,000/\$30,000 split limits up to your policy's liability limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limits on the policy are \$ _____ per person, \$ _____ per accident.

Options available for Uninsured and Underinsured Motorists coverages:

<u>UNINSURED MOTORISTS LIABILITY COVERAGE</u>		
_____ I do not wish to purchase <u>Uninsured</u> Motorists Coverage.		
Initial _____		
_____ I select the following <u>Uninsured</u> Motorists Coverage limits:		
Initial _____		
<u>Limits</u>		
<input type="checkbox"/>	\$ 15/30	\$ 30
<input type="checkbox"/>	\$ 25/50	\$ 36
<input type="checkbox"/>	\$ 50/100	\$ 41
<input type="checkbox"/>	\$100/300	\$ 45
<input type="checkbox"/>	\$250/500	\$ 55
<input type="checkbox"/>	\$300/300	\$ 55
<input type="checkbox"/>	\$500/500	\$ 68
<u>UNDERINSURED MOTORISTS LIABILITY COVERAGE</u>		
_____ I do not wish to purchase <u>Underinsured</u> Motorists Coverage.		
Initial _____		
_____ I select the following <u>Underinsured</u> Motorists Coverage limits:		
Initial _____		
<u>Limits</u>		
<input type="checkbox"/>	\$ 15/30	\$ 19
<input type="checkbox"/>	\$ 25/50	\$ 23
<input type="checkbox"/>	\$ 50/100	\$ 26
<input type="checkbox"/>	\$100/300	\$ 28
<input type="checkbox"/>	\$250/500	\$ 34
<input type="checkbox"/>	\$300/300	\$ 34
<input type="checkbox"/>	\$500/500	\$ 43

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

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