



**AMERICAN MODERN HOME
INSURANCE COMPANY**

**WASHINGTON
RIDERS CHOICE
PROGRAM APPLICATION**

Policy #	077	Previous AMIG Policy #	
Agency Code #		Subproducer #	
Agency Name		Sub Name	
Address		Address	
City, State & Zip		City, State & Zip	
Phone Number ()		Phone Number ()	

BASIC/CLIENT INFORMATION

Titled Owner / First Name	Middle Initial	Titled Owner / Last Name	Home Phone ()
			Work Phone ()
Mailing Address (Street)	City	State	Zip
Effective Date (MM/DD/YY)	Total # of Units	Is mailing address the same as Unit 1 address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of Operators (Including Excluded Operators)
			Term <input type="checkbox"/> 12 Month

ADDITIONAL INSURED INFORMATION (IF N/A, DO NOT COMPLETE)

First Name	Last Name	Mailing Address (Street)	City
State	Zip	Birthdate (MM/DD/YYYY)	Social Security Number
		Occupation	Additional Insured Type <input type="checkbox"/> Joint Owner <input type="checkbox"/> Lienholder <input type="checkbox"/> Other

OPERATOR INFORMATION (ALL INFORMATION REQUIRED)

OP #	First Name	Last Name	Social Security Number	Marital Status	Gender (M/F)	Birthdate (MMDDYY)	Driver's License #	License State	Current MVR (Y/N)	Occupation
1										
2										
3										
4										

Relationship to Applicant	Op 1:	Op 2:	Op 3:	Op 4:
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OP #	Primary Residence	Year Began Driving		Valid Cycle Operator License (Y/N)	SR-22 (Y/N)	Excluded Operator (Y/N)	Cycle Driver Training (MM/DD/YYYY)	If a member of an Association, List Name
		Autos	Street Driven Units					
1	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parent <input type="checkbox"/> Other							
2	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parent <input type="checkbox"/> Other							
3	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parent <input type="checkbox"/> Other							
4	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parent <input type="checkbox"/> Other							

ACCIDENT/VIOLATION INFORMATION

List all traffic law violations, accidents (regardless of fault) and any insurance losses for all operators in the last 3 years (start with the most recent).

Operator #	Accident or Violation Type	Incident Date (MM/DD/YYYY)	Loss Amount	Operator #	Accident or Violation Type	Incident Date (MM/DD/YYYY)	Loss Amount
			\$				\$
			\$				\$
			\$				\$

UNIT INFORMATION

UNIT 1	Model Year	Vehicle Identification Number	Make	Model	CC's	Annual Mileage	Purchase Date (MM/YY)
	Purchase Price	Market Value	Primary Operator (1,2,3,4)	Garage/Storage Address	City	State	Zip
	\$	\$					
	Lienholder Name	Address	City	State	Zip	Account Number	

UNIT 2	Model Year	Vehicle Identification Number	Make	Model	CC's	Annual Mileage	Purchase Date (MM/YY)
	Purchase Price	Market Value	Primary Operator (1,2,3,4)	Garage/Storage Address	City	State	Zip
	\$	\$					
	Lienholder Name	Address	City	State	Zip	Account Number	

UNIT 3	Model Year	Vehicle Identification Number	Make	Model	CC's	Annual Mileage	Purchase Date (MM/YY)
	Purchase Price	Market Value	Primary Operator (1,2,3,4)	Garage/Storage Address	City	State	Zip
	\$	\$					
	Lienholder Name	Address	City	State	Zip	Account Number	

Coverage Eligibility Questions	UNIT 1		UNIT 2		UNIT 3		Underwriting Questions (ANY "YES" ANSWER DEEMS THE ENTIRE RISK INELIGIBLE.)		Yes	No
	Yes	No	Yes	No	Yes	No				
1. Garaged in city limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is Applicant not the titled owner?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Where is unit kept at night? (Garage, Street, Yard, or Other)							2. Any unit designed/used for racing?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is unit re-titled with a State Assigned Serial Number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Any unit salvaged (without a state assigned VIN or non-factory built)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is unit street driven?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any unit used for business?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you want the Classic Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Any unit held for sale or consignment?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is unit a Trike? If "yes", list Trike manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. More than 3 auto, ATV, or cycle losses in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Total of Accessories, Sidecars and/or Trailers? (\$)		\$		\$		\$	7. Any unit written in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	
							8. Any unit leased by an individual or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	
							9. In the last 10 years, has any non-excluded operator ever been charged with, convicted of, or pleaded no contest to a felony?	<input type="checkbox"/>	<input type="checkbox"/>	

CURRENT/PREVIOUS INSURANCE

Indicate current or previous carrier.	UNIT 1	Exp. Date (MM/DD/YY)	UNIT 2	Exp. Date (MM/DD/YY)	UNIT 3	Exp. Date (MM/DD/YY)
	Carrier Name		Carrier Name		Carrier Name	
BI limits of 250/500 and a PD limit of 100,000 or greater are only available to meet umbrella policy requirements. If selected, indicate the umbrella policy information.			Umbrella Policy Number	Umbrella Carrier Name	Umbrella Expiration (MM/DD/YYYY)	

COVERAGE SUMMARY

Class/Sub-class	UNIT 1		UNIT 2		UNIT 3	
	Limit/Deductible Selection	Premium	Limit/Deductible Selection	Premium	Limit/Deductible Selection	Premium
Coverage Selection (see guidelines for coverage eligibility and requirements)						
Mandatory Coverages (limits must match for all units)						
Bodily Injury (25/50; 50/100; 100/300; 250/500)		\$		\$		\$
Property Damage (10,000; 25,000; 50,000; 100,000)		\$		\$		\$
Passenger Liability (must match BI limit)		\$		\$		\$
Optional Coverages						
UIM Bodily Injury (25/50; 50/100; 100/300; 250/500)		\$		\$		\$
UIM Property Damage (10,000) (300 Deductible)		\$		\$		\$
Medical Payments (1,000; 5,000; 10,000)		\$		\$		\$
Comprehensive (100; 250; 500; 1,000 Deductible)		\$		\$		\$
Collision (100; 250; 500; 1,000 Deductible)		\$		\$		\$
Accessory Coverage		\$		\$		\$
Safety Apparel (\$1,000 Included with Collision Coverage)		\$		\$		\$
Travel Loss Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Replacement Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Discounts/Surcharges/Fees Applied						
Rider Select Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Premier Rider Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transfer Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Motorcycle Driver Training Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Association Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Multi-Unit Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driving Record Surcharge	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trike Surcharge	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unverifiable MVR Surcharge	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Unit Premium (reflects discounts and/or surcharges)		\$		\$		\$
Total Policy Premium (reflects discounts and/or surcharges)		\$		\$		\$

BILLING INFORMATION

Policy Term _____ Payment Plan _____ Minimum Down Payment _____ Down Payment Method _____ Payment Received _____
EFT Bank ABA# _____ EFT Account Number _____ EFT Account Type _____ Eff. Day of Month(1-28) _____
Credit Card Type _____ Credit Card Number _____ Expiration Date(MM/DD/YYYY) _____

REMARKS

APPLICANT'S STATEMENT

I affirm that the information provided is true and to the best of my knowledge and that no material information has been withheld. I also confirm that the Coverages and Limits described above are the Coverages and Limits I desire. I hereby authorize appropriate state authorities to release my motor vehicle driving record to American Modern Home Insurance Company or its representative. This release shall remain in effect until I request in writing that it be withdrawn. I understand that as part of routine procedures, an investigative consumer report may be ordered that could contain information about my character, general reputation, personal and financial characteristics, and mode of living. Information on the nature and scope of such a report, if one is made, will be provided to me upon my written request.

Applicant's Signature _____ Insurance Agent's Signature _____ Date _____

FRAUD NOTICE: Any person who, with intent to defraud of knowing that is facilitating a fraud, or helps commit a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.