



P. O. Box 36385, Cincinnati, Ohio 45236 ~ (800) 844-1815 (phone) ~ (800) 258-1058 (fax)
www.specialtyunderwriters.net

AMERICAN MODERN ILLINOIS MOTORCYCLE APPLICATION SUBMISSION CHECKLIST

To bind coverage, your submission must include:

- ✓ **Completed and signed American Modern Motorcycle Application** (current application may be obtained at www.specialtyunderwriters.net). **Both applicant and agent must sign the application.**
- ✓ **A premium downpayment must accompany the submitted application.** Please note from the application that payment may be made via check, credit card or EFT. All downpayments must also include a \$7 installment fee (please note that this fee does not apply to the EFT payment plan).
- ✓ **UM/UIM SELECTION/REJECTION FORM must be completed and returned with the application.**
- ✓ **If discounts quoted documentation needs to be sent.** Homeowners Dec Page, Prior Cycle Coverage Dec Page, Association Membership Card, Drivers Training Course Completion Certificate.
- ✓ **Binding Authority: If your agency has a current agency agreement in force with SUG, you have 3 days binding authority for the submitted risk (3 days as measured by the difference between the requested effective date and the postmark on the envelope that the risk is submitted in). Please note the fax binding is not necessary and not accepted. If you do not have a current agency agreement, no coverage may be bound and no application is to be submitted.**



**AMERICAN FAMILY HOME
INSURANCE COMPANY**

**ILLINOIS
RIDERS CHOICE
PROGRAM APPLICATION**

Policy #	070	Previous AMIG Policy #	
Agency Code #		Subproducer #	
Agency Name	Specialty Underwriters Group LTD.	Sub Name	
Address	P.O. Box 36385	Address	
City, State & Zip	Cincinnati, OH 45236	City, State & Zip	
Phone Number	513-351-6400, 800-844-1815	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	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										

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)
		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	Purchase Date (MM/YY)	
	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	Purchase Date (MM/YY)	
	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	Purchase Date (MM/YY)	
	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. 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"/>	2. Any unit designed/used for racing?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is unit street driven?	<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 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"/>	4. Any unit used for business?	<input type="checkbox"/>	<input type="checkbox"/>
5. Total of Accessories, Sidecars and/or Trailers? (\$)	\$		\$		\$		5. Any unit held for sale or consignment?	<input type="checkbox"/>	<input type="checkbox"/>
							6. Any unit written in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>
							7. Any unit leased by an individual or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
							8. 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

UNIT 1	UNIT 2	UNIT 3
Indicate current or previous carrier.	Indicate current or previous carrier.	Indicate current or previous carrier.
Carrier Name	Carrier Name	Carrier Name
Exp. Date (MM/DD/YY)	Exp. Date (MM/DD/YY)	Exp. Date (MM/DD/YY)

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 (20/40; 25/50; 50/100; 100/300; 250/500)	\$	\$	\$
Property Damage (15,000; 25,000; 50,000; 100,000)	\$	\$	\$
Passenger Liability (must match BI limit)	\$	\$	\$
Uninsured/Underinsured Motorists <input type="checkbox"/> 20/40 (Minimum required limit) (UM only) You may select increased limits or reject any increased UM/UIM limits by checking the appropriate space, but such limit cannot exceed the limits selected for Bodily Injury above: (UM including UIM) <input type="checkbox"/> 25/50: <input type="checkbox"/> 50/100: <input type="checkbox"/> 100/300: <input type="checkbox"/> 250/500: <input type="checkbox"/> I choose to REJECT higher limits and coverage is requested for the minimum required limit of 20/40. ____ (Applicant's initials).	\$	\$	\$

Optional Coverages

UM Property Damage (not available with collision) (15,000) (250 Deductible applies) ** UMPD provides coverage for property damage to your insured vehicle damaged by a negligent driver of an uninsured vehicle, or a hit and run accident.	\$	\$	\$
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

Homeowner 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 1	<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 2	<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
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
Ineligible Unit 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(MMDDYYYY) _____

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 Family 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. I also understand that the Company may review my credit report or obtain or use a credit based insurance score based on the information contained in that credit report, and that the Company may use a third party in connection with the development of my insurance score.

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

FRAUD NOTICE: You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages.



Policy No.: _____

MOTORCYCLE POLICY UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION FORM - ILLINOIS

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

Summary of Coverages:

Uninsured motorist coverage provides protection for all amounts that you are legally entitled to recover from a negligent motorist as damages for bodily injury or death caused by an accident and arising out of the ownership, maintenance or use of a motor vehicle that has no insurance, subject to the terms of the policy.

Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the damages to the extent that your underinsured motorist coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies. Underinsured motorists coverage is provided at a limit matching that of the uninsured motorists coverage. If you select uninsured motorists coverage equal to the statutorily provided minimum limit (\$20,000 per person/\$40,000 per accident) then underinsured motorists coverage does not exist.

Statement Electing Limits for Uninsured and Underinsured Motorist Coverages

- I elect to have the policy contain lower limits for **Uninsured and/or Underinsured Motorist Coverage** than for bodily injury liability coverage. A selection of \$20,000/\$40,000 provides for **Uninsured Motorist Coverage** at these limits, but does not provide **Underinsured Motorist Coverage**. All other selections shown below provide both **Uninsured and Underinsured Motorist Coverage** at the selected limits. I acknowledge that I was offered higher limits for both Uninsured Motorist Coverage and Underinsured Motorist Coverage.

- Limits I choose are :
- \$20,000 / \$40,000 Uninsured Motorists
 - \$25,000 / \$50,000 Uninsured / Underinsured Motorists
 - \$50,000 / \$100,000 Uninsured / Underinsured Motorists
 - \$100,000 / \$300,000 Uninsured / Underinsured Motorists

This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

Signature and Date (PLEASE NOTE: A named insured must sign and date this statement at the time a named insured elects lower limits.)

(Signature of Named Insured)

(Date of Signature)