



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

## **AMERICAN MODERN INDIANA 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](http://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

**INDIANA  
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		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										

  

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

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	

COVERAGE SUMMARY	UNIT 1		UNIT 2		UNIT 3	
Class/Sub-class						
Coverage Selection (see guidelines for coverage eligibility and requirements)	Limit/Deductible Selection	Premium	Limit/Deductible Selection	Premium	Limit/Deductible Selection	Premium
	<b>Mandatory Coverages (limits must match for all units)</b>					
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)		\$		\$		\$
<b>Optional Coverages</b>						
UIM Bodily Injury (50/100; 100/300; 250/500)		\$		\$		\$
UM Bodily Injury (25/50; 50/100; 100/300; 250/500)		\$		\$		\$
UM Property Damage (10,000; 25,000; 50,000; 100,000)		\$		\$		\$
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	\$
<b>Discounts/Surcharges/Fees Applied</b>						
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	
<b>Total Unit Premium (reflects discounts and/or surcharges)</b>	\$		\$		\$	
<b>Total Policy Premium (reflects discounts and/or surcharges)</b>	\$					

### 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.



AMERICAN MODERN INSURANCE GROUP, INC.

REJECTION OF UNINSURED MOTORISTS
COVERAGE AND UNDERINSURED MOTORISTS
COVERAGE OR SELECTION OF LOWER LIMIT OF LIABILITY
(Indiana)

The Indiana Insurance Code (Section 27-7-5-2) amended, requires an insurer to provide bodily injury Uninsured Motorists Coverage and Underinsured Motorists Coverage equal to the limit for Bodily Injury Liability Coverage in the policy and Property Damage Uninsured Motorists Coverage at the basic financial responsibility limit.

Any insured named in the policy, can reject either or both Uninsured Motorists Coverage or Underinsured Motorists Coverage, reject the Property Damage portion of the Uninsured Motorists Coverage, or select a limit of liability lower than the limit of Bodily Injury Coverage.

Uninsured Motorists Coverage and Underinsured Motorists Coverage provide insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, or disease, including death, and for the protection of persons insured under the policy who are legally entitled to recover damages from identifiable owners or operators of uninsured motor vehicles for injury to or destruction of property resulting therefrom.

The undersigned insured (and each of them)ó

(Applicable items marked [X] )

- agrees that the Uninsured Motorists Coverage afforded in the policy is rejected.
agrees that the Underinsured Motorists Coverage afforded in the policy is rejected.
agrees that the Property Damage only portion of the Uninsured Motorists Coverage provisions afforded in the policy is rejected.
agrees that the following lower limit of liability applies with respect to the Uninsured Motorist Coverage afforded in the policy.

(Enter lower limit of liability):

\$ each person (enter limit if applicable)
\$ each accident

- agrees that the following lower limit of liability applies with respect to Underinsured Motorists Coverage afforded in the policy.

(Enter the lower limit of liability):

\$ each person (enter limit if applicable)
\$ each accident

Signature of Insured
Date

Signature of Insured
Policy No. (if known)