



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

AMERICAN MODERN OHIO 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.***



G. U. I. C.
INSURANCE COMPANY

OHIO
RIDERS CHOICE
PROGRAM APPLICATION

Policy #	085	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
	Mandatory Coverages (limits must match for all units)					
Bodily Injury (12.5/25; 25/50; 50/100; 100/300; 250/500)		\$		\$		\$
Property Damage (10,000; 15,000; 25,000; 50,000; 100,000)		\$		\$		\$
Passenger Liability (must match BI limit)		\$		\$		\$
Optional Coverages						
UM Bodily Injury (12.5/25; 25/50; 50/100; 100/300; 250/500)		\$		\$		\$
UM Property Damage (7,500)		\$		\$		\$
UIM Bodily Injury (12.5/25; 25/50; 50/100; 100/300; 250/500)		\$		\$		\$
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 G.U.I.C. 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: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



Policy Number: _____

**OFFER OR REJECTION OF UNINSURED/UNDERINSURED
MOTORIST LIABILITY AND SELECTION OR REJECTION
OF PROPERTY DAMAGE COVERAGE
(Ohio)**

UNINSURED MOTORIST COVERAGE

Uninsured Motorist Coverage is being offered to you. The undersigned insured (and each of them) –
(Mark applicable item(s))

- elects Uninsured Motorist Coverage at amounts equal to my automobile liability or motor vehicle coverages.
- requests Uninsured Motorist Coverage at amounts less than my automobile liability or motor vehicle coverages as indicated below:
(Enter if a single limit of liability applies.)
\$ _____ each accident
(Enter if separate limits of liability apply.)
\$ _____ each person
\$ _____ each accident
- agrees that Uninsured Motorist Coverage is REJECTED. The Uninsured Motorist Coverage is completely removed and deleted from the policy.

UNDERINSURED MOTORIST COVERAGE

Underinsured Motorist Coverage is being offered to you. The undersigned insured (and each of them) –
(Mark applicable item(s))

- elects Underinsured Motorist Coverage at amounts equal to my automobile liability or motor vehicle coverages.
- requests Underinsured Motorist Coverage at amounts less than my automobile liability or motor vehicle coverages as indicated below:
(Enter if a single limit of liability applies.)
\$ _____ each accident
(Enter if separate limits of liability apply.)
\$ _____ each person
\$ _____ each accident
- agrees that Underinsured Motorist Coverage is REJECTED. The Uninsured Motorist Coverage is completely removed and deleted from the policy.

UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE

Ohio Revised Code Section 3937.181 establishes Uninsured Motorists Property Damage Coverage. Uninsured Motorists Property Damage Coverage provides for damage to, or the destruction of, any motor vehicle specifically identified in the policy, for the protection of those persons insured under the policy who are legally entitled to recover for the damage to or destruction of any motor vehicle specifically identified in the policy from the owner or operator of an uninsured motor vehicle. The coverage made available under this Section will not exceed the lesser of \$7,500 or the amount otherwise available from the policy, subject to a maximum \$250 deductible. Please note that if the policy contains collision coverage, we do not need to make Uninsured Motorists Property Damage Coverage available.

OFFER OF LIMITS FOR UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE

Offer of Limits of Coverage	Amount of Premium
\$7,500	_____

In accordance with the Ohio Revised Code Section 3937.181 the undersigned insured (and each of them) –
(Mark applicable item)

- agrees that Uninsured Motorist Property Damage Coverage is SELECTED with limits which will not exceed the lesser of \$7,500 or the amount otherwise available from the policy, subject to a maximum \$250 deductible.
- agrees that Uninsured Motorist Property Damage Coverage is REJECTED. The Uninsured Motorist Property Damage Coverage offered is completely removed and deleted from the policy.

Signature of Insured

Signature of Insured

Date _____

Date _____