



AMERICAN MODERN HOME
INSURANCE COMPANY (077)

**NEW HAMPSHIRE
SNOWMOBILE PROGRAM
APPLICATION**

AGENCY NAME & ADDRESS:

AGENCY PHONE: ()

AGENCY CODE #:

SUBPRODUCER #:

SUB NAME & ADDRESS:

POLICY # **077**

APPLICANT / OWNER INFORMATION (If applicant is NOT the titled owner, DO NOT SUBMIT.)

LAST NAME	FIRST NAME	MID INIT	PHONE ()
MAILING ADDRESS (STREET)	CITY	STATE	ZIP
STATE PRINCIPALLY USED (If different than state noted above):	COVERAGE BEGINS AT 12:01 A.M. STANDARD TIME	EFFECTIVE DATE	TERM 12 MONTH

PAY PLAN OPTIONS

<input type="checkbox"/> ONE PAY (100% DOWN)	<input type="checkbox"/> CHARGE \$ _____ TO CREDIT CARD
<input type="checkbox"/> TWO PAY (50% DOWN, 50% BILLED WITHIN 40 DAYS - INCLUDE SERVICE FEE) (\$200 MINIMUM PREMIUM REQUIRED FOR TWO-PAY OPTION; NOT AVAILABLE FEBRUARY THROUGH JUNE)	<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
<input type="checkbox"/> Check enclosed for \$ _____	CARD NUMBER: _____ EX. DATE: _____

OPERATOR INFORMATION

OP. #	NAMES OF ALL OPERATORS	MARITAL STATUS (S/M/W/D)	GENDER (M / F)	BIRTH DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
1					
2					
3					

OP. #	DRIVER'S LICENSE INFORMATION		YEAR STARTED DRIVING		SNOWMOBILE SAFETY COURSE (MM/YY) (attach copy)
	*LICENSE # OR "NONE"	*STATE OR "N/A"	AUTOS	SNOWMOBILES	
1					
2					
3					

*Do not leave blank. You must enter "NONE" in license number field and "N/A" in state field if operator is not licensed.

TRAFFIC VIOLATIONS / ACCIDENTS / AUTO, SNOWMOBILE, CYCLE, ATV INSURANCE LOSSES

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

OP #	DESCRIPTION	OCCURRENCE DATE (MM/YY)	EXPLANATION	SNOWMOBILE RELATED (Y/N)

SNOWMOBILE DESCRIPTION / LIENHOLDER INFORMATION

If the number of operators exceed number of snowmobiles, the highest rated operator should be the rated with the unit he or she drives most. All units must have a rated operator.

UNIT #	YEAR	MAKE	MODEL	SERIAL NUMBER	CC's	PURCH. DATE (MM/YY)	PURCHASE PRICE	RATED OPERATOR
1							\$	
2							\$	
3							\$	
4							\$	

UNIT #	LIENHOLDER NAME	ADDRESS, CITY, STATE, ZIP	ACCOUNT #
1			
2			

ELIGIBILITY and UNDERWRITING INFORMATION (All questions must be answered)

1. Where are the snowmobiles kept at night? Garage Street Yard Other _____
2. Applicant/Owner **MUST** be the titled owner. If not, **DO NOT SUBMIT**.

QUESTIONS 3 through 8: If any question is answered "yes", DO NOT SUBMIT

- | | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | YES | NO | | YES | NO |
| 3. Are snowmobiles used for racing? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are any of the snowmobiles rented to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have snowmobiles been modified or converted for racing? (i.e., engines, exhaust, track, or suspension modifications other than factory recalls) | <input type="checkbox"/> | <input type="checkbox"/> | 7. Are any of the units used on public streets, roads or highways? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are any of the snowmobiles used for business? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Are any units used on unfrozen water? | <input type="checkbox"/> | <input type="checkbox"/> |

COVERAGE SUMMARY

	UNIT 1		UNIT 2		UNIT 3		UNIT 4	
	<input type="checkbox"/> Std	<input type="checkbox"/> Elite	<input type="checkbox"/> Std	<input type="checkbox"/> Elite	<input type="checkbox"/> Std	<input type="checkbox"/> Elite	<input type="checkbox"/> Std	<input type="checkbox"/> Elite
Coverage Selection (see guidelines for coverage eligibility and requirements)	Limit/Ded. Selection	Premium	Limit/Ded. Selection	Premium	Limit/Ded. Selection	Premium	Limit/Ded. Selection	Premium
Mandatory Coverages (limits must match for all units)								
Bodily Injury (25/50; 50/100; 100/300; 250/500) Includes Passenger Liability		\$		\$		\$		\$
Property Damage (15,000; 25,000; 50,000)		\$		\$		\$		\$
Uninsured/Underinsured Motorists (25/50; 50/100; 100/300; 250/500) (Includes \$25,000 of Uninsured Motorist Property Damage)		\$		\$		\$		\$
Optional Coverages								
Medical Payments (1,000; 2,000; 5,000) \$50 Ded. applies		\$		\$		\$		\$
Comprehensive (100; 250; 500; 1,000 Deductible)		\$		\$		\$		\$
Collision (100; 250; 500; 1,000 Deductible)		\$		\$		\$		\$
Helmet Collision Cov. (Incl. with Collision Cov.)		\$		\$		\$		\$
Safety Apparel Cov. (Incl. with Collision Cov.)		\$		\$		\$		\$
Trip Interruption Cov. (Incl. with Collision Cov.)		\$		\$		\$		\$
Transport Trailer Coverage (\$100 deductible) (IMPORTANT: Cannot be purchased if Collision Coverage was not selected for the Snowmobile)		\$		\$		\$		\$
Trailer Information:	Year	Make	Serial Number	Value				
Unit 1	_____							
Unit 2	_____							

Discounts/Surcharges/Fees Applied	UNIT 1		UNIT 2		UNIT 3		UNIT 4	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobile Safety Course Discount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Snowmobile Discount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Hazard Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Unit Premium (reflects discounts and/or surcharges)	\$		\$		\$		\$	
Total Policy Premium (reflects discounts and/or surcharges)	\$							

Cancellation by insured will be on an accelerated short rate basis. A \$75 minimum earned policy premium applies.

REMARKS

IMPORTANT NOTICE

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. We order your credit report and/or insurance score as soon as possible after receipt of your application. We use information contained in a consumer report to develop a credit-based insurance score. That score is just one of many factors that are used to underwrite and/or rate your policy.

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. The Company may use this information to decide whether to insure me or how much to charge.

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.