



**AMERICAN
MODERN SELECT
INSURANCE COMPANY**

**PENNSYLVANIA
RIDERS CHOICE
PROGRAM APPLICATION**

Policy #	085	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	Birthday (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

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 (15/30; 25/50; 50/100; 100/300; 250/500)		\$		\$		\$
Property Damage (5,000,10,000; 15,000; 25,000; 50,000; 100,000)		\$		\$		\$
Passenger Liability (must match BI limit)		\$		\$		\$
Optional Coverages						
UM Bodily Injury (15/30; 25/50; 50/100; 100/300; 250/500)		\$		\$		\$
UIM Bodily Injury (15/30; 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)		\$		\$		\$
Transport Trailer Coverage (250 Deductible)		\$		\$		\$
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	\$
Rental Reimbursement Coverage	<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 Risk 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	
Street Use 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	
Uninsured Motorist Stacking 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	
Underinsured Motorist Stacking 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 Modern Select 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: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.