



AMERICAN MODERN HOME
INSURANCE COMPANY (077)

**PENNSYLVANIA
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 <input checked="" type="checkbox"/> 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)	VALUE	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 9: 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 units 125cc or less (e.g. Artic Cat, Manta, Mini Z, or Yamaha Snow Scout)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are any of the snowmobiles used for business?	<input type="checkbox"/>	<input type="checkbox"/>	8. Are any of the units used on public streets, roads or highways?	<input type="checkbox"/>	<input type="checkbox"/>
			9. Are any units used on unfrozen water?	<input type="checkbox"/>	<input type="checkbox"/>

COVERAGE, LIMIT SELECTIONS and PREMIUM CALCULATION (apply appropriate rate to each unit)

Please indicate usage >		<input type="checkbox"/> Annual	<input type="checkbox"/> 6-Month Lay-Up	Unit 1	Unit 2	Unit 3	Unit 4
Liability Limits (BI/ACC/PD)	<input type="checkbox"/> 15/30/10	\$38	\$29				
• Includes Passenger Liability	<input type="checkbox"/> 25/50/15	\$42	\$31				
• Multi Units must have the same Liability Limit	<input type="checkbox"/> 50/100/25	\$53	\$39				
• Includes \$5,000 Pedestrian Basic First Party Benefits	<input type="checkbox"/> 100/300/50	\$75	\$56				
	<input type="checkbox"/> 250/500/100	\$88	\$65				
Specific requirements for Liability Limits greater than the minimum 15/30/10. Refer to the "Coverages" section of Underwriting Guide for information.							
NOTE: Optional coverage limits below, if purchased, must be the same for all units.							
Medical Payments \$50 Deductible	<input type="checkbox"/> 1,000	\$15	<input type="checkbox"/> 2,000	\$20	<input type="checkbox"/> 5,000	\$38	
COMP & COLL ARE NOT AVAILABLE FOR UNITS TEN OR MORE YEARS OLD							
Comprehensive \$500 Deductible	If selected, indicate the chart rate to the right for each unit.						
Collision \$500 Deductible	If selected, indicate the chart rate to the right for each unit. NOTE: Collision coverage is not available without Comprehensive.						
SUBTOTAL 1(round)							
DISCOUNTS and SURCHARGES Each % should be applied to Subtotal 1 individually and the amount noted in the premium calculation column to the right (if applicable, Extra Hazard Rate Increase is only applied to Comprehensive and Collision premium above). Do not round. Subtract/add calculations from/to Subtotal 1, and round Subtotal 2 below to nearest dollar.							
<input type="checkbox"/> - 10% Snowmobile Safety Course Discount (certificate must be provided for each operator)				-	-	-	-
<input type="checkbox"/> - 5% Association Discount (proof of membership required for each operator)				-	-	-	-
<input type="checkbox"/> + 40% Extra Hazard Unit Classification Rate Increase (applies to Comprehensive and Collision premium for all units with engine 701cc or greater)				+	+	+	+
SUBTOTAL 2(round)							
Transport Trailer Coverage (\$100 Deductible)	\$10 per Trailer	(IMPORTANT: Cannot be purchased if Collision coverage was not selected for the Snowmobile)					
Year	Make	Serial Number	Value				
Unit 1	_____						
Unit 2	_____						
SUBTOTAL 3(round)							
A MINIMUM WRITTEN PREMIUM OF \$55 APPLIES TO EACH UNIT.				TOTAL PREMIUM OF ALL UNITS			
<input type="checkbox"/> - 15% Multi-Unit Discount (apply to total premium of all units)				-			
Cancellation by insured will be on an accelerated short rate basis. A \$55 minimum earned policy premium applies.				TOTAL POLICY PREMIUM (round)			\$

APPLICANT'S STATEMENT / SIGNATURES

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 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.

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 subject such person to criminal and civil penalties.