



AMERICAN MODERN HOME  
INSURANCE COMPANY (077)

**VERMONT  
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) (\$150 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 9: If any question is answered "yes", DO NOT SUBMIT**

- |   |   |
|---|---|
| <p>3. Are snowmobiles used for racing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. Have snowmobiles been modified or converted for racing? (i.e., engines, exhaust, track, or suspension modifications other than factory recalls) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. Are any of the snowmobiles used for business? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>6. Are any of the snowmobiles rented to others? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. Are any units 125cc or less (e.g. Artic Cat, Manta, Mini Z, or Yamaha Snow Scout)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8. Are any of the units used on public streets, roads or highways? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>9. Are any units used on unfrozen water? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|---|---|

**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
<b>Liability Limits (BI/ACC/PD)</b> <input type="checkbox"/> 25/50/10 <input type="checkbox"/> 25/50/15 <input type="checkbox"/> 50/100/25 <input type="checkbox"/> 100/300/50 <input type="checkbox"/> 250/500/100 ● Includes Passenger Liability ● Multi Units must have the same Liability Limit				
<b>Specific requirements for Liability Limits greater than the minimum 25/50/10. Refer to the "Coverages" section of Underwriting Guide for information.</b>				
<b>NOTE:</b> Optional coverage limits below, if purchased, must be the same for all units.				
<b>Medical Payments \$50 Deductible</b> <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000 <input type="checkbox"/> 5,000				
<b>COMP &amp; COLL ARE NOT AVAILABLE FOR UNITS TEN OR MORE YEARS OLD</b>				
<b>Comprehensive \$500 Deductible</b> If selected, indicate the chart rate to the right for each unit.				
<b>Collision \$500 Deductible</b> If selected, indicate the chart rate to the right for each unit. <b>NOTE: Collision coverage is not available without Comprehensive.</b>				
<b>SUBTOTAL 1 (round)</b>				
<b>DISCOUNTS and SURCHARGES</b> Each % should be applied to Subtotal 1 individually and the amount noted in the premium calculation column to the right. 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	+	+	+	+
<b>SUBTOTAL 2 (round)</b>				
<b>Transport Trailer Coverage (\$100 Deductible)</b> \$10 per Trailer (IMPORTANT: Cannot be purchased if Collision coverage was not selected for the Snowmobile)				
Year                      Make                      Serial Number                      Purchase Price Unit 1 _____ Unit 2 _____				
<b>SUBTOTAL 3 (round)</b>				
<b>A MINIMUM WRITTEN PREMIUM OF \$65 APPLIES TO EACH UNIT.</b>	<b>TOTAL PREMIUM OF ALL UNITS</b>			
<input type="checkbox"/> - 15% Multi-Unit Discount (apply to total premium of all units)				-
<b>Cancellation by insured will be on an accelerated short rate basis. A \$65 minimum earned policy premium applies.</b>	<b>TOTAL POLICY PREMIUM (round)</b>			<b>\$</b>

**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
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**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 include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages.