



Snowmobile Application

Physical Damage Only

Applicant's Name, Address, City, State & Zip

Agent Name

Policy Period From: _____ to _____

Agent Code: _____
 _____ New Application
 _____ Add to Policy #: _____
 _____ Submitting for **QUOTE ONLY**

County of Residence: _____

Social Security #(s):
 1. _____ - _____ - _____
 2. _____ - _____ - _____

Phone: (____) _____ - _____

LIST ALL OPERATORS INCLUDING NON-LICENSED MINORS

Name	Sex	Date of Birth	License Number	State
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

SNOWMOBILE INFORMATION: Loss Settlement based on \$500 deductible @ Actual Cash Value

*** Attach a copy of snowmobile registration***

Yr	Make	Model	Serial #	Engine CC's	Insured Value	Purchase Price	Premium
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____

TRAILER INFORMATION: Loss Settlement based on \$250 deductible @ Actual Cash Value

Yr	Make	Model	Serial #	Insured Value	Premium
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

ADDITIONAL EQUIPMENT (SPECIFY)	Premium
_____	_____
_____	_____

TOTAL POLICY PREMIUM QUOTED: \$ _____

PLEASE COMPLETE UNDERWRITING QUESTIONS ON FOLLOWING PAGE.

UNDERWRITING INFORMATION

Prior Insurance Carrier: _____

Any policy cancelled, refused or non-renewed (Y/N)? _____

If yes, please explain: _____

DRIVING RECORD PAST THREE (3) YEARS

Any accidents involving snowmobile (Y/N)? _____

If yes, please explain: _____

Any motor vehicle accidents (Y/N)? _____

Provide detail:

Any motor vehicle violations (Y/N)? _____

If yes, please list: _____

Any suspensions (Y/N)? _____

If yes, when: _____

LIENHOLDER TO BE SHOWN AS LOSS PAYEE

	Name	Address (including city, state & zip code)	Loan #
Sled 1.	_____	_____	_____
Sled 2.	_____	_____	_____
Sled 3.	_____	_____	_____
Sled 4.	_____	_____	_____

REMARKS

For questions regarding this application, please contact Agency Service Representative:

Name: _____ Phone: _____ Ext: _____

Email Address: _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge true.

INSURANCE FRAUD WARNING 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Agent: _____ Date: _____ Applicant: _____

FOR OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> RATING SYSTEM CHECK: NAME/LOCATION/REFUSED | <input type="checkbox"/> INSPECT |
| <input type="checkbox"/> IMAGERIGHT SEARCH | <input type="checkbox"/> WAIVE INSPECTION |
| <input type="checkbox"/> WEB SEARCH | |

Underwriting Approval: _____



Credit Card Authorization Form

Please complete **ALL** of the following information for any new business application.

Visa Mastercard *These are the only cards accepted.*

Credit Card #:

Expiration Date: _____ mm/yy Amount: _____

Billing Information as listed on the Credit Card

First Name: _____ Last Name: _____ Middle Initial: _____

Business Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____

Authorization Signature: _____ Date: _____

New Business

Existing Policy

Policy #: _____

Named Insured: _____

Agency Name: _____

