



AMERICAN
MODERN SELECT
INSURANCE COMPANY

**ARIZONA
RIDERS CHOICE
PROGRAM APPLICATION**

Policy #	085	Previous AMIG Policy #	
Agency Code #	304415	Subproducer #	
Agency Name	MOTORCYCLE SERVICES LLC	Sub Name	
Address	6800 JERICHO TPKE	Address	
City, State & Zip	SYOSSET, NY 11791	City, State & Zip	
Phone Number (516)	682-9220	Phone Number ()	

BASIC/CLIENT INFORMATION					
Titled Owner / First Name		Middle Initial	Titled Owner / Last Name		Home Phone ()
KNUD			ERIKSTRUP		Work Phone ()
Mailing Address (Street)			City	State	Zip
6800 Jericho Tpke Ste120W			Syosset	NY	11791
Effective Date (MM/DD/YY)	Total # of Units	Is mailing address the same as Unit 1 address?		Total # of Operators (Including Excluded Operators)	Term
09/10/11	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1	<input checked="" type="checkbox"/> 1 month

ADDITIONAL INSURED INFORMATION (IF N/A, DO NOT COMPLETE)					
First Name		Last Name		Mailing Address (Street)	City
State	Zip	Birthdate (MM/DD/YYYY)	Social Security Number	Occupation	Additional Insured Type
					<input type="checkbox"/> Joint Owner <input type="checkbox"/> Lienholder <input checked="" 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	KNUD	ERIKSTRUP		M	M	04/09/57	XXXXX1111	AZ	N	
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)	
	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parent <input type="checkbox"/> Other			Autos	Street Driven Units					
1	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parent <input type="checkbox"/> Other			1977	1977	Y	N	N	09/01/2010	
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)					
	1979	5E29788HO1111111	FOREIGN	ALL OTHERS	1200	01/90					
	Primary Operator (1,2,3,4)			Garage/Storage Address			City	State	Zip		
	1			1 Main Street			Snowflake	AZ	85942		
Lienholder Name			Address			City	State	Zip	Account Number		
UNIT 2	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	
UNIT 3	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	

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 checked="" type="checkbox"/>
2. Is unit re-titled with a State Assigned Serial Number?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
3. Is unit street driven?	<input checked="" 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 checked="" type="checkbox"/>
4. Is unit a Trike? If "yes", list Trike manufacturer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any unit used for business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Total of Accessories, Sidecars and/or Trailers? (\$)	\$	0.00	\$		\$		5. Any unit held for sale or consignment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
							6. Any unit written in the name of a corporation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
							7. Any unit leased by an individual or rented to others?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>

CURRENT/PREVIOUS INSURANCE

Indicate current or previous carrier.	UNIT 1	Carrier Name	Exp. Date (MM/DD/YY)	UNIT 2	Carrier Name	Exp. Date (MM/DD/YY)	UNIT 3	Carrier Name	Exp. Date (MM/DD/YY)

COVERAGE SUMMARY	UNIT 1		UNIT 2		UNIT 3	
Class/Sub-class	B AO					
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)	50000	\$ 31.00		\$		\$
Property Damage (10,000; 15,000; 25,000; 50,000; 100,000)	25000	\$ 23.00		\$		\$
Passenger Liability (must match BI limit)	50000	\$ 41.00		\$		\$
Optional Coverages						
UM Bodily Injury (15/30; 25/50; 50/100; 100/300; 250/500)	50000	\$ 162.00		\$		\$
UIM Bodily Injury (15/30; 25/50; 50/100; 100/300; 250/500)	50000	\$ 133.00		\$		\$
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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transfer Discount 2	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unverifiable MVR Surcharge	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Automobile Theft Authority Assessment Fee	\$	1.00	\$		\$	
Total Unit Premium (reflects discounts and/or surcharges)	\$	150.00	\$		\$	
Total Policy Premium (reflects discounts and/or surcharges)	\$	150.00				

BILLING INFORMATION

Policy T 1 month Payment Plan EZPay(EFT) Minimum Down Pa 150.00 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: 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.

TEMPORARY MOTORCYCLE INSURANCE PROGRAM

Passport to Ride is underwritten by the American Modern Insurance Group. All monetary amounts are expressed in U.S. dollars. All claims will be paid based on N.A.D.A values (www.nada.com) in U.S. DOLLARS ONLY.

Let us provide the protection you need to cover yourself and your cycle. There are four major types of coverages:

- **Bodily Injury Liability:** This coverage protects you against claims from others when you are at fault in an accident. This covers bodily harm, sickness or disease, including deaths that result.
- **Property Damage Liability:** This coverage protects you against claims from others when you are at fault in an accident. It covers damage to or destruction of property including loss of it's use.
- **Collision Coverage:** This coverage pays for damages when there is a loss resulting from collision of your insured vehicle with another object, or upset of your insured vehicle. Coverage is subject to a deductible amount, which you must first pay when a covered loss occurs.
- **Comprehensive Coverage:** This coverage protects from any cause of loss to your insured vehicle other than collision. Coverage is subject to a deductible amount, which you must first pay when a covered loss occurs.
- **Uninsured Motorist Coverage:** This coverage is commonly referred to as "UM Coverage". It provides you protection for your bodily injuries caused by a negligent motorist who has no insurance.
- **Underinsured Motorist Coverage:** This coverage is commonly referred to as "UIM Coverage". It provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused.

You also have the right to purchase another important coverage that is not included on the BASIC POLICY, this coverage **MUST BE PURCHASED SEPARATELY**. This coverage is Medical Payments coverage.

- **Medical Payments coverage:** This coverage will pay for required medical or funeral expenses incurred by any person for bodily injury caused by an accident involving your insured vehicle. All cost must be incurred within one year of the accident.

GUEST PASSENGER BODILY INJURY COVERAGE:

This coverage will pay for bodily injury to a passenger up to selected bodily injury limits. A passenger means any person other than you or a relative who is occupying, but not the operator of your insured vehicle.

CANCELLATION:

You may cancel by advising us in writing when at a future date the cancellation is to be effective. The request must be made in writing, signed and faxed or emailed to our office. The policy fee will not be refunded. **All refunds will be returned by check issued in U.S dollars.**

AFTER NOTICE OF ACCIDENT OR LOSS:

The vehicle must be taken to an authorized dealer within the confines of U.S. or Canada.

***NO CLAIMS WILL BE ADJUSTED OR PAID IF THE VEHICLE IS REMOVED FROM THE ABOVE MENTIONED COUNTRIES**

***All claims will be paid based on N.A.D.A average retail values (www.nada.com) in U.S. DOLLARS ONLY. LESS APPLICABLE \$500 DEDUCTIBLE**

***Motorcycle policy will not provide any coverage while the motorcycle is being transported to or from the U.S.A. or Canada. Coverage will begin on the effective date listed on this application, but only when the motorcycle is in my care, custody, or control, regardless of the port of entry.**

APPLICANT STATEMENT

I CERTIFY THAT I AM THE TITLED/REGISTERED OWNER OF THIS MOTORCYCLE. I UNDERSTAND THE ABOVE COVERAGES DESCRIBED ARE COVERAGES THAT ARE AVAILABLE ON MY POLICY AND I MUST CHOOSE TO ACCEPT OR REJECT THE COVERAGES IN WRITING BY SIGNING THIS APPLICATION.

_____ DATE ____/____/____
SIGNATURE OF INSURED Month Day Year

PRINT NAME OF INSURED

ADDENDUM

ACCESSORIES: INCLUDED WITH COMPREHENSIVE AND COLLISION

When we pay for a comprehensive or collision loss to accessories up to \$3000, our limit of liability shall not exceed the lesser of the actual cash value of the stolen or damaged accessories, as reasonably determined by us. Accessories include:

(A.) Any item that is not factory standard equipment as reflected by the vehicle identification number of your insured vehicle.

(B.) Any custom painting, etchings, murals or graphics on your insured vehicle that was not originally included as a standard factory option.

(C.) Any electronic equipment, antennas, and other devices used to send or receive audio, visual or data signals, or play back recorded media, other than those items installed by the original manufacturer of your insured vehicle. These items must be permanently installed on your insured vehicle using bolts or brackets, including slide out brackets.

SAFETY APPAREL: INCLUDED WITH COMPREHENSIVE AND COLLISION

We will pay for loss to safety apparel that occurs as a result of a collision loss to your insured vehicle that is covered by this policy. This coverage does not apply to safety apparel not owned by you or a relative. You must make the safety apparel available to us for inspection at our request. There is no coverage for a helmet not specifically designed for motorcycle, off road vehicle or utility vehicle use.

Limits of liability for loss to safety apparel shall not exceed the lesser of the amount necessary to repair or replace the safety apparel based on actual cash value up to the limit for safety apparel shown on the declaration. However the most we will pay for loss to a covered helmet is \$400.00, not to exceed \$800 for any one covered loss.

WHAT TO DO IN CASE OF AN ACCIDENT OR LOSS:

(A.) NOTICE OF ACCIDENT OR LOSS must be given to us immediately. The notice must give the date, time, place and circumstances of the accident or loss, including the names and addresses of injured persons and witnesses. Failure to do so or to perform OTHER DUTIES as described below may invalidate coverage.

(B.) A person claiming any coverage under this policy must provide any written proofs of loss we require. We must be allowed to inspect and appraise the damage to your insured vehicle in the U.S. or Canada before its repair or disposal.

NAME KNUD ERIKSTRUP

Please charge the total premium amount of 150.00 USD and the Non-refundable service fee of \$60.00 USD for a total of \$210.00

VISA _____ MASTERCARD _____ Expiration Date: ____/____/____
Month Year

Card # _____

Security Code: _____ (Last 3 digits on the back of your card)

Print name as shown on Credit Card

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

CARDHOLDER'S SIGNATURE

DATE ____/____/____
Month Day Year