

**CALIFORNIA  
MOTORCYCLE INSURANCE  
APPLICATION**

PRODUCER CODE		
PRODUCER NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM 12 MO	PHONE NUMBER	FAX NUMBER
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**NAMED INSURED** MUST BE THE TITLED OWNER OF THE VEHICLE AND AT LEAST 18 YEARS OLD

FIRST NAME		MI	LAST		OCCUPATION
DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> RDP	SOCIAL SECURITY NUMBER		PHONE NUMBER
MAILING ADDRESS			CITY	STATE	ZIP CODE

IS THE NAMED INSURED'S PRIMARY RESIDENCE OWNED OR RENTED? ☐ OWNED ☐ RENTED

IS THERE AN ADDITIONAL TITLED OWNER? IF YES:	FIRST NAME	MI	LAST	IS THE JOINT OWNERSHIP ENDORSEMENT NEEDED? <input type="checkbox"/> Y <input type="checkbox"/> N
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**GARAGING** COMPLETE IF ANY VEHICLE IS GARAGED AT A LOCATION DIFFERENT FROM OWNER'S MAILING ADDRESS

VEH #	GARAGING ADDRESS	CITY	STATE	ZIP CODE

**OPERATOR** LIST ALL RESIDENT OPERATORS

NAME	GENDER	DATE OF BIRTH	MARITAL STATUS	MOTORCYCLE SAFETY COURSE DATE	MOTORCYCLE SAFETY COURSE INSTRUCTOR DATE	TOTAL YEARS LICENSED	MATURE DRIVER IMPROVEMENT COURSE DATE	DRIVER'S LICENSE		ISSUING STATE	MC LICENSE OR ENDT	SR-22/ SR-1P FILING REQUIRED	YEARS MC EXPERIENCE
								NUMBER	SUSPENDED, REVOKED, EXPIRED OR NEVER LICENSED				
1 Named Insured	-	----	---						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
2									<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
3									<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
4									<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
5									<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

**ACCIDENTS OR VIOLATIONS**

 HAS ANY OPERATOR BEEN CONVICTED OF A MOVING VIOLATION OR HAD AN ACCIDENT (REGARDLESS OF FAULT OR TYPE OF VEHICLE DRIVEN) WITHIN THE PAST 3 YEARS? ☐ Y ☐ N  
IF YES, PROVIDE DETAILS BELOW OR IN "REMARKS".

OPERATOR #	ACCIDENT/VIOLATION		ACCIDENT			PLACE (CITY-STATE)	DESCRIPTION
	(SPECIFY)	DATE	OPERATOR 51% OR MORE AT-FAULT	BODILY INJURY	AMOUNT OF PROPERTY DAMAGE		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

**VEHICLE INFORMATION**

VEH	MAKE AND MODEL	MODEL YEAR	CC SIZE	TURBOCHARGED OR SUPERCHARGED	CURRENT MARKET VALUE	USE P=PERSONAL B=BUSINESS	ESTIMATED ANNUAL MILEAGE	STORED IN FULLY-ENCLOSED LOCKED GARAGE OR SIMILAR STRUCTURE*
1				<input type="checkbox"/> Y <input type="checkbox"/> N	\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
2				<input type="checkbox"/> Y <input type="checkbox"/> N	\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
3				<input type="checkbox"/> Y <input type="checkbox"/> N	\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
4				<input type="checkbox"/> Y <input type="checkbox"/> N	\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
5				<input type="checkbox"/> Y <input type="checkbox"/> N	\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M

 \*CHECK "M" IF APPLICANT IS A SERVICEMEMBER WHO LIVES ON A MILITARY BASE AND GARAGES THE VEHICLE(S) ON THE BASE.

VEH	VEHICLE IDENTIFICATION NUMBER	NUMBER OF WHEELS	CONVERTED FROM 2 WHEELS	SPECIFY TRIKE CONVERSION KIT MANUFACTURER	ABS	AIRBAG	
1			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
2			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
3			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
4			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
5			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

**LOSS PAYEE or LEASING COMPANY**

VEH #	LEASE OR LOAN NUMBER	NAME OF LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE

**RATING QUESTIONS**

DOES THE INSURED HAVE ANOTHER PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? ☐ Y ☐ N  
A LIFE POLICY MUST BE TERM, WHOLE, UNIVERSAL OR VARIABLE UNIVERSAL POLICY, HAVE A FACE AMOUNT OF \$50,000 OR GREATER, ISSUED TO AN ADULT AND IN FORCE.  
HAS THE APPLICANT HAD AN INSURANCE POLICY ON A MOTORCYCLE OR LOW-SPEED VEHICLE WITH FOREMOST OR AN AFFILIATED INSURER FOR THE PAST YEAR WITH NO LAPSE IN COVERAGE? ☐ Y ☐ N

**COVERAGE**

POLICY COVERAGE	VEHICLE COVERAGE					
BODILY INJURY LIABILITY (Includes Passenger Liability) <input type="checkbox"/> 15/30 <input type="checkbox"/> 25/50 <input type="checkbox"/> 30/60 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500	INDICATE SELECTION FOR EACH VEHICLE	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
PROPERTY DAMAGE <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 15,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000	UNINSURED MOTORISTS PROPERTY DAMAGE	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
BODILY INJURY/PROPERTY DAMAGE CSL (Includes Passenger Liability) <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	WAIVER OF COLLISION DEDUCTIBLE (Only available if UIBI and Collision are purchased)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL PAYMENTS <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000	OTHER THAN COLLISION <i>Specify Deductible:</i>	DED \$	DED \$	DED \$	DED \$	DED \$
UNINSURED MOTORISTS BODILY INJURY <input type="checkbox"/> 15/30 <input type="checkbox"/> 25/50 <input type="checkbox"/> 30/60 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500	COLLISION <i>Specify Deductible:</i>	DED \$	DED \$	DED \$	DED \$	DED \$
	TOWING, ROADSIDE ASSISTANCE and TRIP INTERRUPTION COVERAGE	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<b>OPTIONAL EQUIPMENT (Does not apply to vehicles written as Classic or Custom)</b>					
	1. COLLISION and/or OTHER THAN COLLISION include(s) a minimum amount of coverage for optional equipment at no additional charge (see state Program Guide for the amount included at no additional charge).					
	2. The total amount of optional equipment coverage may not exceed \$15,000. Vehicles with more than \$15,000 optional equipment must be placed in the Custom program.					
	Indicate how much additional coverage is needed for each vehicle (do not include trike conversion kit in optional equipment amount)	\$	\$	\$	\$	\$
TRANSPORT TRAILER COVERAGE Indicate how much coverage is needed and complete the Transport Trailer section below. \$						
<b>TOTAL WRITTEN PREMIUM</b> - Includes California Special Assessment Fee \$						

**TRANSPORT TRAILER**

MODEL YEAR	MAKE AND MODEL	SERIAL NUMBER	VALUE
			\$

Remarks:

**NOTE: PLEASE SEE FORM 740148 DISCLOSURE OF AVAILABLE DISCOUNTS**

**REQUIRED APPLICANT INFORMATION** APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO ANY APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH A WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

**IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.**

**Notice of Information Practices.** The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information.

1. In connection with this application for insurance I agree that the insurer may secure and review consumer report information including motor vehicle records for persons listed in the application or subsequently added to the policy. I agree to allow the insurer to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, or for my request for a change in policy benefits, or for a replacement policy as permitted by law. I understand that this authorization will remain in effect for the full policy term and that I or my authorized representative may request a copy of this application and authorization from my insurance representative.
2. I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
4. I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

APPLICANT SIGNATURE 

DATE

TIME

☐ AM  
☐ PM**REQUIRED PRODUCER INFORMATION**

*By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.*

PRODUCER SIGNATURE 

DATE

TIME

☐ AM  
☐ PM

PRODUCER NAME (Print)

PRODUCER LICENSE NO.

COVERAGE BOUND?  
☐ YES ☐ NO**PAYMENT PLANS** COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE☐ FULL PAYMENT☐ 3 PAY☐ 6 PAY☐ \_\_\_\_\_DOWN PAYMENT  
\$BALANCE DUE  
\$

Form 203504 03/12

**UNINSURED MOTORISTS PROPERTY DAMAGE - CALIFORNIA****COMPLETE ONLY IF UNINSURED MOTORISTS PROPERTY DAMAGE IS TO BE DELETED**

Under the California Insurance Code (Section 11580.26) it is required, provided bodily injury uninsured motorists coverage is not rejected, where a policy of motor vehicle liability insurance does not include collision insurance on the insured vehicle, that the insurer offer to cover property damage on the insured motor vehicle (not including personal property therein) caused by the owner or operator of an uninsured motor vehicle. Such coverage of loss or damage by collision shall not exceed the actual cash value or \$3,500, whichever is less. The insured may elect not to accept such coverage or to waive such coverage when the motor vehicle is operated by a person or persons designated by name. Property damage does not include loss of use of the motor vehicle.

In accordance with the above described California Insurance Code the undersigned insured agrees that the property damage only portion of the Uninsured Motorists coverage afforded in the policy (applicable to motor vehicle(s) without Collision coverage) is hereby deleted from:

☐ Vehicle 1 ☐ Vehicle 2 ☐ Vehicle 3 ☐ Vehicle 4 ☐ Vehicle 5

SIGNATURE OF APPLICANT OR NAMED INSURED \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT OR NAMED INSURED (Please print) \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

Form 736387 04/06

**UNINSURED MOTORISTS BODILY INJURY - CALIFORNIA****COMPLETE ONLY IF UNINSURED MOTORISTS BODILY INJURY COVERAGE IS TO BE DELETED OR LIMITS ARE LOWERED****Notice if Uninsured Motorists Bodily Injury Coverage is to be deleted**

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision(p) of Section 11580.2 of the Insurance Code.

**Notice if Uninsured Motorists Bodily Injury Coverage limits are lowered**

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision(p) of Section 11580.2 of the Insurance Code.

I agree that the

☐ Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted; or

☐ following lower limit of liability for bodily injury applies with respect to the Uninsured Motorists Coverage afforded in the policy:

\$ \_\_\_\_\_ each person      \$ \_\_\_\_\_ each accident.

The coverages selected or rejected above apply until I notify the company in writing that a change is desired. I have been given the opportunity to purchase Uninsured Motorists Coverage (including Underinsured Motorists Coverage) equal to my liability limits for bodily injury or death as stated in my policy. Instead I have selected the coverage limits shown above or have rejected this coverage.

SIGNATURE OF APPLICANT OR NAMED INSURED \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT OR NAMED INSURED (Please print) \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

Form 741426 03/12

**WAIVER OF COLLISION DEDUCTIBLE - CALIFORNIA****COMPLETE ONLY IF WAIVER OF COLLISION DEDUCTIBLE IS TO BE DELETED**

The California Insurance Code (Section 11580.26) requires that where a policy of motor vehicle liability insurance includes collision coverage on the insured motor vehicle, subject to a deductible to be paid by the insured, that the insurer offer to provide coverage in the amount of the deductible in the event of collision involving a vehicle, including a trailer, owned by the named insured and insured under the policy and an uninsured motor vehicle. You may elect not to accept this offer or to waive this coverage when the insured vehicle is used or operated by a person or persons designated by name.

In accordance with the above described California Insurance Code the undersigned agrees that the offer to waive the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby rejected for:

☐ Vehicle 1    ☐ Vehicle 2    ☐ Vehicle 3    ☐ Vehicle 4    ☐ Vehicle 5

SIGNATURE OF APPLICANT OR NAMED INSURED \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT OR NAMED INSURED (Please print) \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

Form 733522 04/06

Note: California UM Coverage Named Driver Exclusions 734600 must be completed if an applicant or named insured would like to exclude an operator from Uninsured Motorists Bodily Injury, Uninsured Motorists Property Damage or Waiver of Collision Deductible Coverages.

## Disclosure of Available Discounts

As a driver in the state of California, you may be eligible for one or more of the following discounts:

### **GOOD DRIVER DISCOUNT**

A discount will be applied to the premium when the requirements listed below are met.

The operator of a motorcycle covered under the policy must meet the qualifications of a "good driver" as defined under Section 1861.025 of the California Insurance Code.

Generally, to qualify as a good driver, a driver must have:

1. been licensed to drive a motorcycle for the past three years,
2. no more than one violation point for convictions or at-fault accidents in the past three years. Certain major violations involving drugs, alcohol or death may be considered for ten years.

An at-fault accident, subject to the exceptions and conditions listed in California Regulation Sections 2632.13 and 2632.13.1, is defined as an accident where:

1. the driver's actions or omissions were at least 51 percent of the proximate cause of the accident; and
2. the total loss or damage caused by the accident exceeded \$1,000.

### **MATURE DRIVER IMPROVEMENT COURSE DISCOUNT**

If you are 55 years of age or older, have not been involved in an accident or convicted of a violation, and have completed a Mature Driver Improvement Course approved by the California Department of Motor Vehicles within the past 36 months, you may be eligible for this discount. This discount does not apply if you were ordered to take the course by the court.

### **MULTIPLE VEHICLE DISCOUNT**

If you insure two or more motorcycles with us under the same policy, a multiple vehicle discount will apply.

### **MULTI-POLICY DISCOUNT**

When you have a motorcycle policy and one or more qualifying personal lines or life insurance policies with Foremost®, Farmers®, Bristol West® or 21st Century®, a multi-policy discount will be applied to the motorcycle policy.

### **SAFETY COURSE DISCOUNT / SAFETY COURSE INSTRUCTOR DISCOUNT**

If you have taken at least one of the following courses or you are currently a safety course instructor, you will qualify for this discount.

- Motorcycle Safety Foundation (MSF) Motorcycle Rider Course: Riding and Street Skills
- MSF Experienced Rider Course
- Any other state-approved, motorcycle-specific, rider safety course that involves at least 4 hours of training and is not geared toward racing

### **PERSISTENCY DISCOUNT**

If you have at least one continuous year of motorcycle or low-speed vehicle insurance coverage with Foremost®, Farmers®, Bristol West® or 21st Century®, you will qualify for this discount.

### **ANTI-LOCK BRAKES (ABS) DISCOUNT**

Motorcycles equipped with anti-lock brakes qualify for this discount.

### **AIR BAG DISCOUNT**

Motorcycles equipped with an air bag system qualify for a discount applied to the Medical Payments Coverage premium.

Please contact your Foremost Representative for further information or explanation of these discounts. Thank you for choosing Foremost.