

CALIFORNIA OFF-ROAD VEHICLE & UNLICENSED LOW-SPEED VEHICLE 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
----------------------------	----------------	---------------	--------------	------------

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
--	------------	----	------	--

 DOES ANY OPERATOR BELONG TO AN APPROVED AFFINITY GROUP OR ALLIANCE? ☐ Y ☐ N (PRODUCER: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP)

Which operator: _____ Which organization: _____ MEMBERSHIP NUMBER

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	OFF-ROAD VEHICLE SAFETY COURSE DATE	TOTAL YEARS LICENSED	DRIVER'S LICENSE		ISSUING STATE	YEARS ORV EXPERIENCE
						NUMBER	SUSPENDED, REVOKED, EXPIRED OR NEVER LICENSED		
1 Named Insured	----	----	----				<input type="checkbox"/> Y <input type="checkbox"/> N		
2							<input type="checkbox"/> Y <input type="checkbox"/> N		
3							<input type="checkbox"/> Y <input type="checkbox"/> N		
4							<input type="checkbox"/> Y <input type="checkbox"/> N		
5							<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	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	TYPE: ATV, DUNE BUGGY, GOLF CART, NEIGHBORHOOD ELECTRIC VEHICLE (NEV), OFF-ROAD MOTORCYCLE, OR SNOWMOBILE	MAKE AND MODEL	MODEL YEAR	CC SIZE	TURBOCHARGED OR SUPERCHARGED	CURRENT MARKET VALUE	USE P=PERSONAL B=BUSINESS	ESTIMATED ANNUAL MILEAGE
1					<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
2					<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
3					<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
4					<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
5					<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

VEH	VEHICLE IDENTIFICATION NUMBER	NUMBER OF WHEELS	LICENSED FOR ROAD USE	DUNE BUGGY		GOLF CART	ATV	SNOWMOBILE	OPERATOR PERCENT OF USE				
				CHASSIS MAKE	ENGINE MAKE	GAS, DIESEL, ELECTRIC	NUMBER OF DRIVE WHEELS	NUMBER OF PASSENGERS	OP 1	OP 2	OP 3	OP 4	OP 5
1			<input type="checkbox"/> Y <input type="checkbox"/> N						%	%	%	%	%
2			<input type="checkbox"/> Y <input type="checkbox"/> N						%	%	%	%	%
3			<input type="checkbox"/> Y <input type="checkbox"/> N						%	%	%	%	%
4			<input type="checkbox"/> Y <input type="checkbox"/> N						%	%	%	%	%
5			<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 AN OFF-ROAD 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 (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"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000	OTHER THAN COLLISION <i>Specify Deductible:</i>	DED \$	DED \$	DED \$	DED \$	DED \$
BODILY INJURY/PROPERTY DAMAGE CSL (Includes Passenger Liability) <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	COLLISION <i>Specify Deductible:</i>	DED \$	DED \$	DED \$	DED \$	DED \$
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	OPTIONAL EQUIPMENT (Does not apply to dune buggies, golf carts or NEVs.) Indicate the total amount of coverage needed for each vehicle. The maximum available per vehicle is \$15,000.					
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		\$	\$	\$	\$	\$
	TRANSPORT TRAILER COVERAGE Indicate how much coverage is needed and complete the Transport Trailer section below.					\$
	TOTAL WRITTEN PREMIUM Includes California Special Assessment Fee (if applicable)					\$

TRANSPORT TRAILER

MODEL YEAR	MAKE AND MODEL	SERIAL NUMBER	VALUE
			\$

Remarks:

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

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.

- I agree to allow the insurer and its representatives to 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 and its representatives 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 purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect for one year from the date of my signature. I or my authorized representatives may request a copy of this authorization from my insurance representative.
- 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.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
- 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

<input type="checkbox"/> FULL PAYMENT <input type="checkbox"/> 3 PAY <input type="checkbox"/> 6 PAY <input type="checkbox"/> _____	DOWN PAYMENT \$	BALANCE DUE \$
--	--------------------	-------------------