



# MINNESOTA MOTORCYCLE INSURANCE APPLICATION

PRODUCER CODE 89-5307-233		
PRODUCER NAME M J MCPHERSON INSURANCE AGENCY INC		
STREET ADDRESS 3470 WASHINGTON DR#103		
CITY EAGAN	STATE MN	ZIP CODE 55122-1329

REFERENCE OR POLICY NUMBER 0076469100	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 JOHN		MI MI		LAST ALLEN		OCCUPATION
DATE OF BIRTH	GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input checked="" type="checkbox"/> M	SOCIAL SECURITY NUMBER			
PHONE NUMBER (320) 232-8428						

MAILING ADDRESS 36902 BUGLE RD		CITY MOTLEY	STATE MN	ZIP CODE 56466-2173
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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 checked="" type="checkbox"/> N
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DOES ANY OPERATOR BELONG TO AN APPROVED AFFINITY GROUP OR ALLIANCE?  Y  N  
 Which organization: \_\_\_\_\_ (PRODUCER: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP)

**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	DRIVER'S LICENSE NUMBER	ISSUING STATE	MC LICENSE OR ENDT	YEARS MC EXPERIENCE
1 Named Insured	-	----	--			35	E575021464317	MN	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	25
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	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	HARLEY DAVIDSON FLHTCUTG TRIGLIDE UL	2015	1690	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	\$ 30,000	P	0	<input checked="" 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	1HD1MAL1XFB856078	2	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" 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**

- IIII ➔ DOES THE INSURED HAVE ANOTHER PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY?  Y  N  
IF YES, MORE THAN ONE?  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.
- IIII ➔ HAS APPLICANT HAD INSURANCE ON THIS TYPE OF VEHICLE FOR THE PAST 6 MONTHS?  Y  N

**COVERAGE**

POLICY COVERAGE	VEHICLE COVERAGE					
BODILY INJURY (Includes Passenger Liability) <input type="checkbox"/> 30/60 <input type="checkbox"/> 50/100 <input checked="" type="checkbox"/> 100/300 <input type="checkbox"/> 250/500	<b>INDICATE SELECTION FOR EACH VEHICLE</b>	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
PROPERTY DAMAGE <input type="checkbox"/> 10,000 <input type="checkbox"/> 20,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input checked="" type="checkbox"/> 100,000 <input type="checkbox"/> 250,000	OTHER THAN COLLISION <i>Specify Deductible:</i>	DED \$ 250	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 \$ 250	DED \$	DED \$	DED \$	DED \$
MEDICAL PAYMENTS <input checked="" type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	TOWING, ROADSIDE ASSISTANCE and TRIP INTERRUPTION COVERAGE	<input checked="" 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
UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY <input checked="" 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"/> 300,000 <input type="checkbox"/> 500,000	<b>OPTIONAL EQUIPMENT (Does not apply to vehicles written as Classic or Custom)</b>					
PERSONAL INJURY PROTECTION (PIP) REJECTION OF WORK LOSS BENEFITS (Must complete Form 733203) <input type="checkbox"/> Personal Injury Protection <input type="checkbox"/> Combined Personal Injury Protection (Combined PIP is available only when you have a second motorcycle on this policy or any other policy which is covered for PIP.)	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 \$ 308.00</b>					

**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.**

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

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. 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 as long as I am continually insured with the insurer unless I revoke it.
2. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
3. 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.

APPLICANT SIGNATURE IIIII ➔ *John D. All*

DATE *3-10-17* TIME *9:50*  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 and that I have advised the customer that credit information may be obtained.

PRODUCER SIGNATURE  Matthew James McPherson

DATE 03/07/2017

TIME

AM  
 PM

PRODUCER NAME (Print) Matthew James McPherson

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  
\$

**NOTE: THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**

Form 203522 08/15

**UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION - MINNESOTA**

**Uninsured Motorists Bodily Injury Coverage** provides benefits to you, your passengers or relatives living with you if an uninsured motorist causes their injuries. An uninsured motorist is one who is not insured for his/her liability, or who is unidentified after having fled the scene of an accident.

**Underinsured Motorists Coverage** provides benefits to you, your passengers or relatives living with you if an underinsured motorist causes their injuries. An underinsured motorist is one who is insured at the time of the accident but his/her limit of liability is less than the limit you select for this coverage.

**SELECTION OR REJECTION OF COVERAGE**

**UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE**

Uninsured and Underinsured Motorists Bodily Injury Coverage must be offered to you at limits equal to your Bodily Injury Liability limits. You have the option of selecting lower limits or rejecting this coverage. The limits you select may not exceed your Bodily Injury Liability limits. If you do not select a box below, Uninsured/Underinsured Motorists Coverages will be added at the same limits as your Bodily Injury limits.

Indicate your selection here (amounts shown are for each person/each accident):

\$25,000/50,000  
 \$30,000/60,000

\$50,000/100,000  
 \$100,000/300,000

\$250,000/500,000  
 \$300,000/300,000

\$500,000/500,000  
 Reject

I have had Uninsured and Underinsured Motorists Bodily Injury Coverage explained to me and fully understand it. If I reject this coverage, I understand that my policy will not contain this coverage when issued or renewed.

SIGNATURE OF APPLICANT OR NAMED INSURED 

DATE 3-10-17

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

POLICY NUMBER 0076469100

740675 06/06

**PERSONAL INJURY PROTECTION COVERAGE - REJECTION OF WORK LOSS BENEFITS - MINNESOTA**

In accordance with Minnesota state law, you have the right to reject work loss benefits provided under Personal Injury Protection Coverage if you, or you and any family members are age 65 or older, or age 60 or older if retired and receiving a pension.

**PERSONAL INJURY PROTECTION**

Personal Injury Protection with Exclusion of WORK LOSS BENEFITS for named insured age 65 or older, or age 60 or older who is retired and receiving a pension.

Personal Injury Protection with Exclusion of WORK LOSS BENEFITS for named insured and any family member age 65 or older, or age 60 or older who is retired and receiving a pension.

**COMBINED PERSONAL INJURY PROTECTION** (Combined PIP is available only when you have a second motorcycle on this policy or any other policy which is covered for PIP)

Personal Injury Protection with Exclusion of WORK LOSS BENEFITS for named insured age 65 or older, or age 60 or older who is retired and receiving a pension.

Personal Injury Protection with Exclusion of WORK LOSS BENEFITS for named insured and any family member age 65 or older, or age 60 or older who is retired and receiving a pension.

I understand the selection made above will remain in effect until revoked by the "named insured".

SIGNATURE OF APPLICANT OR NAMED INSURED 

DATE 3-10-17

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

POLICY NUMBER 0076469100

733203 02/11

0076469100

31-0645 11-14

**NOTICE TO APPLICANTS  
FOR MOTORCYCLE INSURANCE CONCERNING  
PERSONAL INJURY PROTECTION (PIP) COVERAGE**

733313 06/06

**Under Minnesota law, a policy of motorcycle coverage issued in the state of Minnesota must provide liability coverage only, and there is no requirement that the policy provide Personal Injury Protection (PIP) coverage in the case of injury sustained by the insured. No PIP coverage provided by an automobile insurance policy you may have in force will extend to provide coverage in the event of a motorcycle accident.**