

# WISCONSIN OFF-ROAD VEHICLE INSURANCE APPLICATION

PRODUCER CODE 89-5458-726		
PRODUCER NAME SCHMITZ, ANDREW THOMAS		
STREET ADDRESS 1434 YANKEE DOODLE RD		
CITY EAGAN	STATE MN	ZIP CODE 55121-1801

REFERENCE OR POLICY NUMBER 0079598065	EFFECTIVE DATE 01/18/2021	TERM 12 MO	PHONE NUMBER (651)456-8834	FAX NUMBER
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**NAMED INSURED MUST BE THE TITLED OWNER OF THE VEHICLE AND AT LEAST 18 YEARS OLD**

FIRST NAME ANDY		MI	LAST BURBACK		OCCUPATION
DATE OF BIRTH **/**/1984	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 (952) 393-6800

MAILING ADDRESS 717 ALI LN		CITY VICTORIA	STATE MN	ZIP CODE 55386-8260
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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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<input type="checkbox"/> DOES ANY OPERATOR BELONG TO A WISCONSIN SNOWMOBILE CLUB OR ASSOCIATION? <input type="checkbox"/> Y <input type="checkbox"/> N Which operator: _____ Which organization: _____	(PRODUCER: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP)	MEMBERSHIP NUMBER
<input type="checkbox"/> DOES ANY OPERATOR BELONG TO AN APPROVED AFFINITY GROUP OR ALLIANCE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Which operator: _____ Which organization: _____	(PRODUCER: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP)	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
1	15962 S MADISON AVE	WASCOTT	WI	54838-9216

**OPERATOR LIST ALL OPERATORS**

NAME	GENDER	DATE OF BIRTH	MARITAL STATUS	OFF-ROAD VEHICLE SAFETY COURSE DATE	TOTAL YEARS LICENSED	DRIVER'S LICENSE NUMBER	ISSUING STATE	YEARS ORV EXPERIENCE
1 Named Insured	-----	-----	-----		20	*****4212	MN	5
2								
3								
4								
5								

**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	VEHICLE TYPE	MAKE AND MODEL	MODEL YEAR	CC SIZE	TURBOCHARGED OR SUPERCHARGED	PURCHASE DATE	CURRENT MARKET VALUE
1	ATV	POLARIS SPORTSMAN 700	2003	683	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	01/2020	\$ 3000
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	STORED IN FULLY-ENCLOSED LOCKED GARAGE OR SIMILAR STRUCTURE	VEHICLE IDENTIFICATION NUMBER	NUMBER OF WHEELS	LAYOUT (IN MONTHS)	SEAT BELTS	THEFT PREVENTION DEVICE	ABS	OPERATOR PERCENT OF USE				
								OP 1	OP 2	OP 3	OP 4	OP 5
1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4XACH68A23A749555		6	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" 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	<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	<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	<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	<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  
 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.  
 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"/> 25/50 <input type="checkbox"/> 50/100 <input checked="" type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500	<b>INDICATE SELECTION FOR EACH VEHICLE</b>	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
PROPERTY DAMAGE <input checked="" 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	SPECIFY PACKAGE*	LBO				
UNINSURED MOTORISTS BODILY INJURY <input type="checkbox"/> 25/50 <input checked="" type="checkbox"/> 50/100 <input type="checkbox"/> 100/300	OTHER THAN COLLISION <i>Specify Deductible:</i>	\$ NO COV	\$	\$	\$	\$
MEDICAL PAYMENTS <input checked="" type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	COLLISION <i>Specify Deductible:</i>	\$ NO COV	\$	\$	\$	\$
	<b>OPTIONAL EQUIPMENT (Does not apply to dune buggies, golf carts or Utility ATVs)</b> If COLLISION and/or OTHER THAN COLLISION is purchased, certain packages may include a minimum amount of coverage at no additional charge (see state Program Guide for included amounts and/or availability).  Indicate the total amount of coverage needed for each vehicle. The maximum available per vehicle is \$15,000.					
		\$	\$	\$	\$	\$
	TRANSPORT TRAILER COVERAGE Indicate how much coverage is needed and complete the Transport Trailer section below.					
	\$					
*AVAILABLE PACKAGES CAN BE FOUND IN THE PROGRAM GUIDE.	<b>TOTAL WRITTEN PREMIUM</b> \$ 75.00					

**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.

- I agree that the insurer may secure and review consumer reports, including motor vehicle records or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. 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, 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 unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it 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.

APPLICANT SIGNATURE   DATE 1/18/2021 | 9:55 PST 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  Andrew Thomas Schmitz DATE 01/18/2021 TIME  AM  PM

PRODUCER NAME (Print) Andrew Thomas Schmitz PRODUCER LICENSE NO. null COVERAGE BOUND?  YES  NO

**PAYMENT PLANS** COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE

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