

# Connecticut Motorcycle Insurance Application

APPLICANT _____ first _____ middle initial _____ last _____ PHONE # _____ ADDITIONAL INSURED _____ first _____ middle initial _____ last _____ MAILING ADDRESS _____ no. _____ street _____ town or city _____ state _____ zip code _____ PRINCIPAL GARAGING/STORAGE LOCATION (if not same as mailing) _____ no. _____ street _____ town or city _____ state _____ zip code _____	Multiple Owners (not living in the same household)? <input type="checkbox"/> Yes <input type="checkbox"/> No (List as additional insured) <b>RATING TERRITORY CODE</b>  (Where vehicle is garaged/stored)
POLICY PERIOD BEGINNING ON _____ / _____ / _____ <div style="text-align: center; font-size: small;">Month      Day      Year</div>	

OPERATOR INFORMATION (Complete for all operators)									
NAME	BIRTHDATE MO. / DAY / YR.	SEX	SINGLE MARRIED	DRIVER'S LICENSE NUMBER (Valid U.S. or Canadian)	STATE	# YEARS OPERATING MOTOR-CYCLES	NUMBER (all Violations) IN PAST 35 MONTHS		
							At-Fault Accidents	Minor	Major
(APPLICANT)	/ /								
	/ /								
	/ /								

VEHICLE INFORMATION (Only one vehicle per policy)			
YEAR	MAKE AND MODEL	SERIAL NUMBER	CC's

Additional coverage limits and deductibles available -

COVERAGE	PREMIUM				
<b>LIABILITY ONLY</b> BI/PD 20/40/10, BASE UM/UM IS MANDATORY AND MUST BE ADDED					
<b>FULL PACKAGE COVERAGE</b> (Additional deductible options available - (Includes all coverages under LIABILITY ONLY plus COMPREHENSIVE and COLLISION))					
<b>ECONOMY PACKAGE COVERAGE</b> (Additional deductible options available (Includes all coverages under LIABILITY ONLY plus COMPREHENSIVE))					
<b>INCREASED LIABILITY LIMITS</b> (Higher limits available — use ProRaterPlus!) <input type="checkbox"/> 50/100/25 <input type="checkbox"/> 100,000/50					
<b>GUEST PASSENGER LIABILITY</b> (If none selected, sign GP rejection block. Limits not to exceed BI Limits.) <input type="checkbox"/> 20/40 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100,000					
<b>MEDICAL PAYMENTS</b> <input type="checkbox"/> \$1,000					
<b>ADD-ON ACCESSORIES</b> (Only available on Full or Economy Packages) (Any equipment not factory standard on basic cycle must be included for coverage to apply) IF ACTUAL CASH VALUE OF ACCESSORIES EXCEEDS \$5,000, SUBMIT COPIES OF INVOICES ALONG WITH A PHOTOGRAPH. (Maximum is \$20,000)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>ACTUAL CASH VALUE OF ACCESSORIES</b>            \$ _____         </div> <b>TOTAL PREMIUM FOR ACCESSORIES</b>				
<b>UNINSURED/UNDERINSURED MOTORISTS COVERAGE</b> <table style="width: 100%; font-size: small;"> <tr> <th style="width: 50%;">Without Conversion</th> <th style="width: 50%;">With Conversion</th> </tr> <tr> <td> <input type="checkbox"/> 20/40 <input type="checkbox"/> 100/200  <input type="checkbox"/> 40/80 <input type="checkbox"/> 100/300  <input type="checkbox"/> 50/100 <input type="checkbox"/> 200/600               </td> <td> <input type="checkbox"/> 20/40 <input type="checkbox"/> 100/200  <input type="checkbox"/> 40/80 <input type="checkbox"/> 100/300  <input type="checkbox"/> 50/100 <input type="checkbox"/> 200/600               </td> </tr> </table>	Without Conversion	With Conversion	<input type="checkbox"/> 20/40 <input type="checkbox"/> 100/200 <input type="checkbox"/> 40/80 <input type="checkbox"/> 100/300 <input type="checkbox"/> 50/100 <input type="checkbox"/> 200/600	<input type="checkbox"/> 20/40 <input type="checkbox"/> 100/200 <input type="checkbox"/> 40/80 <input type="checkbox"/> 100/300 <input type="checkbox"/> 50/100 <input type="checkbox"/> 200/600	*Sign UM/UM Increased Limits Rejection block if limits are lower than the selected Liability B.I. limits. <b>BASE UM/UM IS MANDATORY AND MUST BE ADDED.</b>
Without Conversion	With Conversion				
<input type="checkbox"/> 20/40 <input type="checkbox"/> 100/200 <input type="checkbox"/> 40/80 <input type="checkbox"/> 100/300 <input type="checkbox"/> 50/100 <input type="checkbox"/> 200/600	<input type="checkbox"/> 20/40 <input type="checkbox"/> 100/200 <input type="checkbox"/> 40/80 <input type="checkbox"/> 100/300 <input type="checkbox"/> 50/100 <input type="checkbox"/> 200/600				
<b>SUBTOTAL OF ABOVE COVERAGES</b>	1				
<b>DISCOUNTS AND SURCHARGES</b> <b>Discounts</b> <input type="checkbox"/> AMA Discount (copy of membership card required) ..... <input type="checkbox"/> Safety Course/MSF Discount (copy of certificate required) ..... <input type="checkbox"/> Audible Anti-Theft Device Discount .....					