



**AMERICAN MODERN HOME
INSURANCE COMPANY**

**NEBRASKA
RIDERS CHOICE
PROGRAM APPLICATION**

| | | | |
|-------------------|-----------------------------|------------------------|--|
| Policy # | 077 | Previous AMIG Policy # | |
| Agency Code # | 112001 | Subproducer # | |
| Agency Name | INSURANCE MARKETPLACE, INC. | Sub Name | |
| Address | P.O. Box 6427 | Address | |
| City, State & Zip | Lincoln, Nebraska 68506 | City, State & Zip | |
| Phone Number | 1-800-742-7300 | Phone Number () | |

BASIC/CLIENT INFORMATION

| | | | | | |
|---------------------------|------------------|--|---|-------|---|
| Titled Owner / First Name | | Middle Initial | Titled Owner / Last Name | | Home Phone () |
| | | | | | Work Phone () |
| Mailing Address (Street) | | | City | State | Zip |
| Effective Date (MM/DD/YY) | Total # of Units | Is mailing address the same as Unit 1 address? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total # of Operators (Including Excluded Operators) | | Term <input type="checkbox"/> 12 Month |

ADDITIONAL INSURED INFORMATION (IF N/A, DO NOT COMPLETE)

| | | | | | | |
|------------|-----|------------------------|------------------------|--------------------------|--|------|
| First Name | | Last Name | | Mailing Address (Street) | | City |
| State | Zip | Birthdate (MM/DD/YYYY) | Social Security Number | Occupation | Additional Insured Type <input type="checkbox"/> Joint Owner <input type="checkbox"/> Lienholder <input type="checkbox"/> Other | |

OPERATOR INFORMATION (ALL INFORMATION REQUIRED)

| OP # | First Name | Last Name | Social Security Number | Marital Status | Gender (M/F) | Birthdate (MMDDYY) | Driver's License # | License State | Current MVR (Y/N) | Occupation |
|------|------------|-----------|------------------------|----------------|--------------|--------------------|--------------------|---------------|-------------------|------------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |

| | | | | |
|---------------------------|-------|-------|-------|-------|
| Relationship to Applicant | Op 1: | Op 2: | Op 3: | Op 4: |
|---------------------------|-------|-------|-------|-------|

| OP # | Primary Residence | Year Began Driving | | Valid Cycle Operator License (Y/N) | SR-22 (Y/N) | Excluded Operator (Y/N) | Cycle Driver Training (MM/DD/YYYY) | If a member of an Association, List Name |
|------|---|--------------------|---------------------|------------------------------------|-------------|-------------------------|------------------------------------|--|
| | | Autos | Street Driven Units | | | | | |
| 1 | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parent <input type="checkbox"/> Other | | | | | | | |
| 2 | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parent <input type="checkbox"/> Other | | | | | | | |
| 3 | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parent <input type="checkbox"/> Other | | | | | | | |
| 4 | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/ Parent <input type="checkbox"/> Other | | | | | | | |

ACCIDENT/VIOLATION INFORMATION

List all traffic law violations, accidents (regardless of fault) and any insurance losses for all operators in the last 3 years (start with the most recent).

| Operator # | Accident or Violation Type | Incident Date (MM/DD/YYYY) | Loss Amount | Operator # | Accident or Violation Type | Incident Date (MM/DD/YYYY) | Loss Amount |
|------------|----------------------------|----------------------------|-------------|------------|----------------------------|----------------------------|-------------|
| | | | \$ | | | | \$ |
| | | | \$ | | | | \$ |
| | | | \$ | | | | \$ |

UNIT INFORMATION

| UNIT 1 | Model Year | Vehicle Identification Number | Make | Model | CC's | Annual Mileage | Purchase Date (MM/YY) |
|--------|-----------------|-------------------------------|----------------------------|------------------------|------|----------------|-----------------------|
| | | | | | | | |
| | Purchase Price | Market Value | Primary Operator (1,2,3,4) | Garage/Storage Address | City | State | Zip |
| | \$ | \$ | | | | | |
| | Lienholder Name | Address | City | State | Zip | Account Number | |
| | | | | | | | |

| UNIT 2 | Model Year | Vehicle Identification Number | Make | Model | CC's | Annual Mileage | Purchase Date (MM/YY) |
|--------|-----------------|-------------------------------|----------------------------|------------------------|------|----------------|-----------------------|
| | | | | | | | |
| | Purchase Price | Market Value | Primary Operator (1,2,3,4) | Garage/Storage Address | City | State | Zip |
| | \$ | \$ | | | | | |
| | Lienholder Name | Address | City | State | Zip | Account Number | |
| | | | | | | | |

| UNIT 3 | Model Year | Vehicle Identification Number | Make | Model | CC's | Annual Mileage | Purchase Date (MM/YY) |
|--------|-----------------|-------------------------------|----------------------------|------------------------|------|----------------|-----------------------|
| | | | | | | | |
| | Purchase Price | Market Value | Primary Operator (1,2,3,4) | Garage/Storage Address | City | State | Zip |
| | \$ | \$ | | | | | |
| | Lienholder Name | Address | City | State | Zip | Account Number | |
| | | | | | | | |

| Coverage Eligibility Questions | UNIT1 | | UNIT2 | | UNIT3 | | Underwriting Questions (ANY "YES" ANSWER DEEMS THE ENTIRE RISK INELIGIBLE.) | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| | Yes | No | Yes | No | Yes | No | Yes | No | |
| 1. Garaged in city limits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Is Applicant not the titled owner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Where is unit kept at night? (Garage, Street, Yard, or Other) | | | | | | | 2. Any unit designed/used for racing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is unit re-titled with a State Assigned Serial Number? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Any unit salvaged (without a state assigned VIN or non-factory built)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is unit street driven? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Any unit used for business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you want the Classic Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Any unit held for sale or consignment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is unit a Trike? If "yes", list Trike manufacturer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. More than 3 auto, ATV, or cycle losses in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Total of Accessories, Sidecars and/or Trailers? (\$) | \$ | | \$ | | \$ | | 7. Any unit written in the name of a corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | 8. Any unit leased by an individual or rented to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | 9. In the last 10 years, has any non-excluded operator ever been charged with, convicted of, or pleaded no contest to a felony? | <input type="checkbox"/> | <input type="checkbox"/> |

CURRENT/PREVIOUS INSURANCE

| Indicate current or previous carrier. | UNIT1 | Carrier Name | Exp. Date (MM/DD/YY) | UNIT2 | Carrier Name | Exp. Date (MM/DD/YY) | UNIT3 | Carrier Name | Exp. Date (MM/DD/YY) |
|---|-------|--------------|----------------------|------------------------|--------------|-----------------------|-------|----------------------------------|----------------------|
| | | | | | | | | | |
| BI limits of 250/500 and a PD limit of 100,000 or greater are only available to meet umbrella policy requirements. If selected, indicate the umbrella policy information. | | | | Umbrella Policy Number | | Umbrella Carrier Name | | Umbrella Expiration (MM/DD/YYYY) | |

| COVERAGE SUMMARY | UNIT1 | | UNIT2 | | UNIT3 | |
|---|--|---------|--|---------|--|---------|
| | Limit/Deductible Selection | Premium | Limit/Deductible Selection | Premium | Limit/Deductible Selection | Premium |
| Class/Sub-class | | | | | | |
| Coverage Selection (see guidelines for coverage eligibility and requirements) | | | | | | |
| Mandatory Coverages (limits must match for all units) | | | | | | |
| Bodily Injury (25/50; 50/100; 100/300; 250/500) | | \$ | | \$ | | \$ |
| Property Damage (25,000; 50,000; 100,000) | | \$ | | \$ | | \$ |
| Passenger Liability (must match BI limit) | | \$ | | \$ | | \$ |
| UM/UIM Bodily Injury (25/50 (required); 50/100; 100/300) | | \$ | | \$ | | \$ |
| Optional Coverages | | | | | | |
| Medical Payments (1,000; 5,000; 10,000) | | \$ | | \$ | | \$ |
| Comprehensive (100; 250; 500; 1,000 Deductible) | | \$ | | \$ | | \$ |
| Collision (100; 250; 500; 1,000 Deductible) | | \$ | | \$ | | \$ |
| Accessory Coverage | | \$ | | \$ | | \$ |
| Safety Apparel (\$1,000 Included with Collision Coverage) | | \$ | | \$ | | \$ |
| Travel Loss Reimbursement | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Replacement Cost | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Discounts/Surcharges/Fees Applied | | | | | | |
| Rider>Select Discount | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Premier Rider Discount | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Transfer Discount | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Motorcycle Driver Training Discount | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Association Discount | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Multi-Unit Discount | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Driving Record Surcharge | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trike Surcharge | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Unverifiable MVR Surcharge | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Total Unit Premium (reflects discounts and/or surcharges) | \$ | | \$ | | \$ | |
| Total Policy Premium (reflects discounts and/or surcharges) | \$ (\$6.00 Service Fee on Installments) | | | | | |

BILLING INFORMATION

| | | | | |
|------------------------|--------------------------|-----------------------------------|-------------------------------|------------------------|
| Policy Term _____ | Payment Plan _____ | Minimum Down Payment _____ | Down Payment Method _____ | Payment Received _____ |
| EFT Bank ABA# _____ | EFT Account Number _____ | EFT Account Type _____ | Eff. Day of Month(1-28) _____ | |
| Credit Card Type _____ | Credit Card Number _____ | Expiration Date(MM/DD/YYYY) _____ | | |

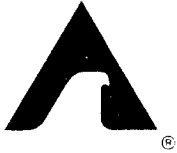
REMARKS

APPLICANT'S STATEMENT

I affirm that the information provided is true and to the best of my knowledge and that no material information has been withheld. I also confirm that the Coverages and Limits described above are the Coverages and Limits I desire. I hereby authorize appropriate state authorities to release my motor vehicle driving record to American Modern Home Insurance Company or its representative. This release shall remain in effect until I request in writing that it be withdrawn. I understand that as part of routine procedures, an investigative consumer report may be ordered that could contain information about my character, general reputation, personal and financial characteristics, and mode of living. Information on the nature and scope of such a report, if one is made, will be provided to me upon my written request.

Applicant's Signature _____ Insurance Agent's Signature _____ Date _____

FRAUD NOTICE: You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages.



SELECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES

(NEBRASKA)

Nebraska law (Section 44-6408), permits you, the insured named in the policy, to select limits of Uninsured and Underinsured Motorists Coverages liability higher than the basic financial responsibility limits. Uninsured Motorists Coverage provides for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death resulting therefrom.

Underinsured Motorists Coverage provides for the protection of persons insured under the policy who are legally entitled to recover compensatory damages from the owner or operator of an underinsured motor vehicle.

In accordance with the above Nebraska law, the undersigned insured (and each of them):

(Applicable item(s) marked)

- requests Uninsured and Underinsured Motorists Coverages at the basic financial responsibility limits.
- requests increased Uninsured Motorists and Underinsured Motorists limits in the amounts of _____ / _____ . (These limits cannot exceed 100/300 and may not be greater than your Bodily Injury liability coverage).

Signature of Insured

Signature of Insured

Date _____

Policy Number _____

Uniform Information Services, Inc. © 1996