

Rockford Mutual Insurance Company

Rockford, Illinois

RECREATIONAL VEHICLE APPLICATION

NAME OF APPLICANT				ADD TO POLICY #					
ADDRESS		STREET		CITY		COUNTY		ZIP	
EFFECTIVE DATE			AGENT NAME				AGENT NUMBER		

ITEM	DESCRIPTION	MOTOR CC'S	YEAR BUILT	MAKE	MODEL	SERIAL NUMBER	RATING SPEED
1	θ SNOWMOBILE θ ATV θ GOLF CART θ TRAILER						
2	θ SNOWMOBILE θ ATV θ GOLF CART θ TRAILER						
3	θ SNOWMOBILE θ ATV θ GOLF CART θ TRAILER						

ITEM	Lay Up Period	Three Months	Six Months	From	To		
1	θ SNOWMOBILE θ ATV θ GOLF CART θ TRAILER						
2	θ SNOWMOBILE θ ATV θ GOLF CART θ TRAILER						
3	θ SNOWMOBILE θ ATV θ GOLF CART θ TRAILER						

COVERAGES	LIMIT OF LIABILITY	DEDUCT-IBLE	PREMIUM			
			ITEM 1	ITEM 2	ITEM 3	TOTAL
LIABILITY	\$ Each Occurrence		\$	\$	\$	\$
MEDICAL PAYMENTS TO OTHERS	\$ Each Person		\$	\$	\$	\$
UNINSURED & UNDER-INSURED MOTORISTS	\$ Each Person		\$	\$	\$	\$
	\$ Each Occurrence					
DIRECT PHYSICAL LOSS	\$	\$	\$			\$
	\$	\$		\$		\$
	\$	\$			\$	\$
						\$

DRIVERS [List all residents & dependents (licensed or not) and regular operators]

DRIVER	NAME	DATE OF BIRTH	DRIVER'S LICENSE NUMBER
1			
2			
3			
4			
5			
6			

LIENHOLDERS

ITEM	NAME, ADDRESS & ZIP CODE	LOAN NUMBER

UNDERWRITING INFORMATION

1. Describe all losses, accidents, and convictions (including date and amount paid) for all drivers in the last 5 years.

2. Any coverage of this type declined, cancelled, or non-renewed during the last 3 years? (Not applicable in Missouri) Yes No

If yes, explain: _____

3. Any other insurance with this company? (List policy numbers) _____

4. Any vehicles licensed for road use? Yes No If yes, indicate unit numbers: _____

5. Any driver have physical / mental impairment? (Not applicable in Wisconsin) Yes No

If yes, explain: _____

6. Will any vehicles be used for rent, hire, or racing? Yes No

7. Provide name of previous carrier. _____

Expiration Date: _____

Additional Information: _____

	FOR COMPANY USE ONLY		
	UW	DATE	
	REVIEW		

If a policy is issued to me by the Rockford Mutual Insurance Company, effective as of the date such policy is issued, I hereby appoint the Board of Directors of such company, or such persons as it may designate, to vote my proxy at any and all meetings of members at which I am not present in person or by subsequent proxy. The proxy is to remain in force until expressly revoked.

Disclosure to Applicant given pursuant to the Fair Credit Reporting Act: You are hereby notified that an investigative consumer report may be obtained by the company. You may request in writing from the company disclosure of the nature and scope of such report if obtained.

I hereby declare to the best of my knowledge and belief that all of the statements contained in this application are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

(Illinois only)

I acknowledge that I have been offered Uninsured/Underinsured (UM/UIM) Motorists Bodily Injury (BI) Coverage up to my Liability Coverage limit for each occurrence. I have selected the limits indicated here. I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature: **X** _____ Date: _____

Producer: I agree to be responsible for any earned premium developed on this application. I certify that to the best of my knowledge the above signature is the personal signature of the applicant.

Producer's Signature: **X** _____ Date: _____