

**TEXAS
 OFF-ROAD VEHICLE
 INSURANCE APPLICATION**

AGENCY CODE	42-9400-970	
AGENCY NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

REFERENCE OR POLICY NUMBER	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	MI	LAST	OCCUPATION
DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M	SOCIAL SECURITY NUMBER
MAILING ADDRESS		CITY	STATE ZIP CODE

IS THE NAMED INSURED'S PRIMARY RESIDENCE OWNED OR RENTED? OWNED RENTED

IS THERE AN ADDITIONAL TITLED OWNER? IF YES: FIRST NAME MI LAST

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	OFF-ROAD VEHICLE SAFETY COURSE DATE	TOTAL YEARS LICENSED	DRIVER'S LICENSE NUMBER	ISSUING STATE	YEARS DRV EXPERIENCE
1 Named Insured	----	----	----					
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: ATV, OFF-ROAD MOTORCYCLE, DUNE BUGGY, or GOLF CART	MAKE AND MODEL	MODEL YEAR	CC SIZE	CURRENT MARKET VALUE	USE P=PERSONAL B=BUSINESS	ESTIMATED ANNUAL MILEAGE
1					\$		
2					\$		
3					\$		
4					\$		
5					\$		

VEH	VEHICLE IDENTIFICATION NUMBER	NUMBER OF WHEELS	DUNE BUGGY		GOLF CART	ATV	OPERATOR PERCENT OF USE				
			CHASSIS MAKE	ENGINE MAKE	GAS, DIESEL, ELECTRIC	NUMBER OF DRIVE WHEELS	OP 1	OP 2	OP 3	OP 4	OP 5
1							%	%	%	%	%
2							%	%	%	%	%
3							%	%	%	%	%
4							%	%	%	%	%
5							%	%	%	%	%

LESSOR PAYEE or LEASING COMPANY

VEH #	LEASE OR LOAN NUMBER	NAME OF LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE

RATING QUESTIONS

Y N
 Y N

COVERAGE

POLICY COVERAGE	VEHICLE COVERAGE					
	INDICATE SELECTION FOR EACH VEHICLE	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
BODILY INJURY (Includes Passenger Liability) <input type="checkbox"/> 20/40 <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500	OTHER THAN COLLISION <i>Specify Deductible:</i>	DED \$	DED \$	DED \$	DED \$	DED \$
PROPERTY DAMAGE <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	COLLISION <i>Specify Deductible:</i>	DED \$	DED \$	DED \$	DED \$	DED \$
BODILY INJURY/PROPERTY DAMAGE CSL (Includes Passenger Liability) <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	AUTOMOBILE THEFT PREVENTION AUTHORITY FEE (\$1)**	\$	\$	\$	\$	\$
MEDICAL PAYMENTS <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	OPTIONAL EQUIPMENT Indicate the total amount of coverage needed for each vehicle. The maximum available per vehicle is \$7,500.	\$	\$	\$	\$	\$
UNINSURED MOTORISTS BODILY INJURY <input type="checkbox"/> 20/40 <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500	TRANSPORT TRAILER COVERAGE: INDICATE HOW MUCH COVERAGE IS NEEDED AND COMPLETE THE TRANSPORT TRAILER SECTION BELOW.					
** Texas Civil Statutes Article 4413(37)§10, which became effective on June 6, 1991, requires that \$1.00 per motor vehicle year be paid to the Automobile Theft Prevention Fund. This fee is in addition to the policy premium and is non-refundable and fully earned.						
TOTAL WRITTEN PREMIUM (Minimum \$75)					\$	

TRANSPORT TRAILER

MODEL YEAR	MAKE AND MODEL	SERIAL NUMBER	VALUE
			\$

Remarks:

REQUIRED SIGNATURE OF APPLICANT APPLICANT MUST 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 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 Company may investigate and secure consumer reports, including motor vehicle records or credit report information as described above, for persons listed in the application. I further agree that the Company may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy.
- I declare that the statements contained in this application are true to the best of my knowledge and belief. The selections indicated in this application accurately reflect the limits, coverages and deductibles I desire.

SIGNATURE OF APPLICANT _____ DATE _____ TIME _____ AM PM

REQUIRED AGENT INFORMATION AGENT MUST SIGN THIS APPLICATION AND COMPLETE THIS SECTION

SIGNATURE OF AGENT _____ DATE _____ COVERAGE BOUND? YES NO TIME _____ AM PM

NAME OF AGENT (PLEASE PRINT) _____ AGENT LICENSE NO.: _____

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

<input type="checkbox"/> FULL PAYMENT <input type="checkbox"/> 3 PAY <input type="checkbox"/> 6 PAY <input type="checkbox"/> _____	DOWN PAYMENT \$	BALANCE DUE \$
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UNINSURED/UNDERINSURED MOTORISTS COVERAGE ORV SELECTION/REJECTION FORM - TEXAS

UNINSURED / UNDERINSURED MOTORISTS COVERAGE - BODILY INJURY provides benefits to you, your passengers or relatives living with you if an uninsured or underinsured 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. 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 / UNDERINSURED MOTORISTS COVERAGE - BODILY INJURY

Uninsured / Underinsured Motorists Coverage - Bodily Injury is being offered to you at limits equal to your Bodily Injury Liability limits. You have the option of selecting lower limits or you may reject this coverage. The limits you select may not exceed your Bodily Injury Liability limits. Indicate your selection here.

\$20,000/40,000
 \$25,000/50,000

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

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

\$500,000/500,000

I understand that I can purchase Uninsured / Underinsured Motorists Coverage - Bodily Injury and I hereby reject such coverage.

SIGNATURE OF APPLICANT OR NAMED INSURED _____

DATE _____

APPLICANT OR NAMED INSURED (Please print) _____

POLICY NUMBER _____