

MOTORCYCLE APPLICATION MISSISSIPPI

POLICY TERM	From _____ To _____	Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	BINDING COVERAGE: For Coverage to begin when requested, it is necessary that the application be fully completed. Pay special attention to providing accurate model information and obtaining all required dated signatures or coverage will not be bound. The application must be postmarked within 72 hours of the effective date; otherwise coverage is bound 12:01 A.M. the date received by the General Agent.											
NAMED INSURED	Name _____											Driver Name		
	Address _____								City _____		State _____		Zip _____	
	Garaging Address (if different than above) _____													
	County _____						Rating Territory _____			Driver's License # _____				
	Social Security # _____			Date of Birth _____			<input type="checkbox"/> Married <input type="checkbox"/> Single/Separated			Phone No. H _____		Phone No. W _____		
SUB - PRODUCER	Sub-Producer Code _____			Agency Name _____								Phone No. _____		
	Address _____							City _____		State _____		Zip _____		
LIENHOLDER	Lien Name _____								Loan # _____					
	Address _____							City _____		State _____		Zip _____		
DESCRIPTION OF MOTORCYCLE * In order to bind coverage, Model and VIN information MUST be provided														
Year	Make	*Model	CC's	Purchase Year	Vehicle Identification Number									
SEE BACK FOR OPERATOR RATING ASSIGNMENT														
Coverage Options (Choose One Limit)												Premium		
<input type="checkbox"/> 25/50/25 BI/PD (Guest Passenger Coverage Inc.) <input type="checkbox"/> 50/100/25 BI/PD (Guest Passenger Coverage Inc.) <input type="checkbox"/> 50/100/50 BI/PD (Guest Passenger Coverage Inc.) <input type="checkbox"/> 100/300/50 BI/PD (Guest Passenger Coverage Inc.) <input type="checkbox"/> 100/300/100 BI/PD (Guest Passenger Coverage Inc.) <input type="checkbox"/> 250/500/100 BI/PD (Guest Passenger Coverage Inc.)												(1) \$		
Other than Collision/Collision Coverage (Optional)														
<input type="checkbox"/> No Coverage <input type="checkbox"/> \$250 Ded. <input type="checkbox"/> \$500 Ded. <input type="checkbox"/> \$1,000 Ded.												(2) \$		
Uninsured/Underinsured Motorists Coverage (Optional)														
<input type="checkbox"/> Reject <input type="checkbox"/> 50/100 <input type="checkbox"/> 250/500 <input type="checkbox"/> 25/50 <input type="checkbox"/> 100/300												(3) \$		
Uninsured Motorist Property Damage (Optional)														
<input type="checkbox"/> Reject <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000												(4) \$		
Medical Payments (Optional)														
<input type="checkbox"/> No Coverage <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> 5000												(5) \$		
Accessory Premium (\$1,000 Incl. w/phy damage cov.)														
Available with OTC & Collision Coverage Only												(6) \$		
Coverage for Safety Clothing and Towing (Optional)														
Available with OTC & Collision Coverage Only												(7) \$		
Sum of Premium Calculation														
(8) = (1) + (2) + (3) + (4) + (5) + (6) + (7)												(8) \$		
Accident/Violation Factor														
Complete the Accident/Violation Chart on the right, then select the level factor from the Point Chart that corresponds to the level e.g. Level 2 = Factor 1.20												(9)		
Sub Total Accident/Violation Calculation														
(10) = (8) X (9) rounded to the nearest dollar												(10) \$		
CREDITS proof required w/ application														
<input type="checkbox"/> Transfer A (<30 day lapse) <input type="checkbox"/> Safety Training <input type="checkbox"/> Transfer B (>30 day lapse) <input type="checkbox"/> Multi Cycle <input type="checkbox"/> Alarm <input type="checkbox"/> Association 30% Maximum												(11)		
Sub Total with Discount Calculation														
(12) = sub total (10) - discount % (11)												(12) \$		
TOTAL POLICY PREMIUM														
(Round to the nearest dollar. Minimum Premium \$50)												\$		

ACCESSORIES & NON-STANDARD EQUIPMENT

\$1000 provided with OTC & Coll Coverage. All non-standard equipment and accessories must be listed below for coverage to exist. Additional coverage over \$1,000 is available for an additional premium. (round to the nearest \$100).

Windshield	\$	Special Finish	\$
Exhaust	\$	Other - List Items	\$
Saddle Bags	\$		\$
Tour Rack	\$		\$
Luggage Rack	\$		\$
Tow Behind Trailer	\$		\$
TOTAL (Rounded to nearest \$100)		\$	

Helmets are covered up to \$300 with OTC & COLL package purchase.

ACCIDENT/VIOLATION CHART Preceding 36 months

Level	Factor	Level	Factor	Level	Factor	Level	Factor
0	1.00	1	1.05	2	1.20	3	1.40
<input type="checkbox"/> 0 Level 0 minors, zero at-fault accidents, zero majors <input type="checkbox"/> 1 Level 1-2 minors, zero at-fault accidents, zero majors <input type="checkbox"/> 2 Level Up to 2 minors & 1 at-fault accident over \$1000, zero majors <input type="checkbox"/> 3 Level Up to 3 minors & 1 at-fault accident over \$1000 or 1 major or an unverifiable driver license <input type="checkbox"/> 4 Level Up to 4 minors & 2 at-fault accidents over \$1000 or 2 majors (no multiple DUI's)							

See web site or rate guide for eligibility and major violation explanation.

	Yes	No	How Many?	Date(s)
Driving Record	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Accidents (at fault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Major Violations	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Minor Violations	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

INSTALLMENT BILLING OPTIONS - Annual Policies Only

Full pay 100% down

Two pay 50% down + \$6 Installment Fee (Payment due in 160 Days)

Four pay 25% down + \$6 Installment Fee (Payments due on day 45, 90 & 135)

**MOTORCYCLE APPLICATION
MISSISSIPPI**

Darryl McCreary
Continental Brokers, Inc.
214 Key Drive, Suite #2000
Madison, MS 39110
Phone:601-707-1028 x2298
866-386-4136 x2298
Fax: 601-898-4793
Cell: 662-588-3259
darryl@continentalbrokers.biz

OPERATOR RATING ASSIGNMENT

Assign the highest rated insured operator to the motorcycle or ATV.

In a situation where you have more insured operators than insured motorcycles/ATV's assign the highest rated insured operator to the highest rated motorcycle/ATV.

If there are an equal number of vehicles and operators, assign the operator to the vehicle they use most.

In a situation where you have more insured motorcycles/ATV's than insured operators assign the operators to the motorcycle/ATV he/she operates most and on the extra motorcycle assign the highest rated insured operator.

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and substantial civil penalties.

IMPORTANT NOTICE

Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

APPLICANT'S SIGNATURE

I hereby apply for insurance. I agree the policy shall be null and void if such information is false, misleading or would affect acceptance by the company. I understand that any equipment that is not "factory standard" WILL NOT BE COVERED unless listed and the additional premium paid for values greater than \$1000. I understand that motor vehicle records may be verified.

Applicant's Signature X _____ / / _____
Date

Parent's Signature X _____ / / _____
(If applicant is under 18) Date

Producer's Name _____
Please print legibly

Producer's Signature X _____ / / _____
Date

INSTALLMENT BILLING PAYMENTS - Annual Policies Only

- Full pay 100% down \$ _____
 - Two pay 50% down + \$6 Installment Fee (Payment due in 160 Days) Down Payment Due \$ _____ Payment Due in 160 days \$ _____
 - Four pay 25% down + \$6 Installment Fee (Payments due on Day 45, 90 & 135) Down Payment Due \$ _____ Additional Payments \$ _____
- The company will impose a charge of \$15.00 on NSF checks.

**IMPORTANT NOTICE ABOUT THE
POLICY OF INSURANCE FOR WHICH YOU
HAVE APPLIED**

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS

Darryl McCreary
Continental Brokers, Inc.
214 Key Drive, Suite #2000
Madison, MS 39110
Phone: 601-707-1028 x2298
866-386-4136 x2298
Fax: 601-898-4793
Cell: 662-588-3259
darryl@continentalbrokers.biz

READ THE FOLLOWING INFORMATION CAREFULLY.

- 1. THE POLICY FOR WHICH YOU HAVE APPLIED INCLUDES A BINDING ARBITRATION AGREEMENT.**
- 2. THE ARBITRATION AGREEMENT REQUIRES THAT ANY DISPUTE RELATED TO THIS POLICY MUST BE RESOLVED BY ARBITRATION AND NOT IN A COURT OF LAW.**
- 3. THE RESULTS OF ARBITRATION ARE FINAL AND BINDING ON YOU AND THE INSURANCE COMPANY.**
- 4. IN AN ARBITRATION, ONE OR MORE ARBITRATORS, WHO ARE INDEPENDENT, NEUTRAL DECISION MAKERS, RENDER DECISION AFTER HEARING THE POSITIONS OF THE PARTIES.**
- 5. WHEN YOU ACCEPT THIS INSURANCE POLICY YOU AGREE TO RESOLVE ANY DISPUTE RELATED TO THE POLICY BY BINDING ARBITRATION INSTEAD OF A TRIAL IN COURT, INCLUDING A TRIAL BY JURY.**
- 6. BINDING ARBITRATION GENERALLY TAKES THE PLACE OF RESOLVING DISPUTES BY A JUDGE AND JURY.**
- 7. SHOULD YOU NEED ADDITIONAL INFORMATION REGARDING THE BINDING ARBITRATION PROVISION IN THE POLICY, YOU MAY CONTACT OUR TOLL FREE ASSISTANCE LINE 1-800-535-1333.**

ACKNOWLEDGEMENT OF ARBITRATION AGREEMENT

I HAVE READ THIS STATEMENT. I UNDERSTAND THAT I AM VOLUNTARILY SURRENDERING MY RIGHT TO HAVE ANY DISPUTE BETWEEN THE INSURANCE COMPANY AND MYSELF RESOLVED IN COURT. THIS MEANS I AM WAIVING MY RIGHT TO A TRIAL BY JURY.

I UNDERSTAND THAT UPON RECEIPT OF THE POLICY, I SHOULD READ THE ARBITRATION CLAUSE CONTAINED IN THE POLICY AND THAT I HAVE THE RIGHT TO REJECT THIS POLICY WITHIN FIVE (5) DAYS OF THE DATE OF DELIVERY IF I DO NOT WANT TO ACCEPT THE REQUIREMENT FOR ARBITRATION.

I UNDERSTAND THAT THIS SAME TYPE OF INSURANCE MAY BE AVAILABLE THROUGH AN INSURANCE COMPANY THAT DOES NOT REQUIRE THAT POLICY RELATED DISPUTES BE RESOLVED BY BINDING ARBITRATION.

APPLICANT / INSURED

DATE

TIME

AGENT

DATE

TIME

A1030A0907