



**AMERICAN FAMILY HOME
INSURANCE COMPANY**

**MICHIGAN
RIDERS CHOICE
PROGRAM APPLICATION**

Policy #		Previous AMIG Policy #	
Agency Code #041128	Subproducer #		
Agency Name Special Risks	Sub Name		
Address 38555 Mound Rd SUite 100	Address		
City, State & Zip Sterling Heights Mi 48310	City, State & Zip		
Phone Number (586)795/8200	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	Birthday (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										

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)
		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	Purchase Date (MM/YY)	
	Primary Operator (1,2,3,4)			Garage/Storage Address		City	State Zip
	Lienholder Name		Address		City	State Zip	Account Number
	Model Year	Vehicle Identification Number	Make	Model	CC's	Purchase Date (MM/YY)	
UNIT 2	Primary Operator (1,2,3,4)			Garage/Storage Address		City State Zip	
	Lienholder Name		Address		City	State Zip Account Number	
	Model Year	Vehicle Identification Number	Make	Model	CC's	Purchase Date (MM/YY)	
	Primary Operator (1,2,3,4)			Garage/Storage Address		City State Zip	
UNIT 3	Lienholder Name		Address		City	State Zip Account Number	
	Model Year	Vehicle Identification Number	Make	Model	CC's	Purchase Date (MM/YY)	
	Primary Operator (1,2,3,4)			Garage/Storage Address		City State Zip	
	Lienholder Name		Address		City	State Zip Account Number	

Coverage Eligibility Questions	UNIT 1		UNIT 2		UNIT 3		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. 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"/>	2. Any unit designed/used for racing?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is unit street driven?	<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 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"/>	4. Any unit used for business?	<input type="checkbox"/>	<input type="checkbox"/>
5. Total of Accessories, Sidecars and/or Trailers? (\$)	\$		\$		\$		5. Any unit held for sale or consignment?	<input type="checkbox"/>	<input type="checkbox"/>
							6. Any unit written in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>
							7. Any unit leased by an individual or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
							8. 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.	UNIT 1	Exp. Date (MM/DD/YY)	UNIT 2	Exp. Date (MM/DD/YY)	UNIT 3	Exp. Date (MM/DD/YY)
	Carrier Name			Carrier Name		Carrier Name

COVERAGE SUMMARY	UNIT 1		UNIT 2		UNIT 3	
Class/Sub-class						
Coverage Selection (see guidelines for coverage eligibility and requirements)	Limit/Deductible Selection	Premium	Limit/Deductible Selection	Premium	Limit/Deductible Selection	Premium
Mandatory Coverages (limits must match for all units)						
Bodily Injury (20/40; 25/50; 50/100; 100/300; 250/500)		\$		\$		\$
Property Damage (10,000; 25,000; 50,000; 100,000)		\$		\$		\$
Passenger Liability (must match BI limit)		\$		\$		\$
Optional Coverages						
UM Bodily Injury (20/40; 50/100; 100/300; 250/500)		\$		\$		\$
Medical Payments (5,000 increments)		\$		\$		\$
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						
Homeowner 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 1	<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 2	<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	
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	
Ineligible Unit 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	
MCCA Fee	\$		\$		\$	
Total Unit Premium (reflects discounts and/or surcharges)	\$		\$		\$	
Total Policy Premium (reflects discounts and/or surcharges)	\$					

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(MMDDYYYY) _____

REMARKS

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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 Family 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. I also understand that the Company may review my credit report or obtain or use a credit based insurance score based on the information contained in that credit report, and that the Company may use a third party in connection with the development of my insurance score.

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.