

SURPLUS LINE MANAGERS, INC.  
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OFFICE USE ONLY—4-06

BEST RATING A

NEW HAMPSHIRE MOTORCYCLE APPLICATION

REQUESTED POLICY PERIOD: Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ SINGLE \_\_\_\_\_ / MARRIED \_\_\_\_\_

TITLED OWNER		AGENCY NAME		AGENCY CODE #	
ADDRESS, CITY, STATE, ZIP CODE		MAILING ADDRESS			
COUNTY	TELEPHONE #	CITY	STATE	ZIP CODE	TELEPHONE #

LIENHOLDER	LOAN #
ADDRESS	

OPERATOR #1 NAME	DATE OF BIRTH	NH DRIVERS LICENSE #
OPERATOR #2 NAME	DATE OF BIRTH	NH DRIVERS LICENSE #

CYCLE #1	YEAR	MAKE / MODEL	VIN #	CC's	CURRENT VALUE
CYCLE #2	YEAR	MAKE / MODEL	VIN #	CC's	CURRENT VALUE

SELECT PROGRAM: STANDARD \_\_\_\_\_ / TOUR RIDER \_\_\_\_\_ / HARLEY \_\_\_\_\_ / SPECIAL HAZARD \_\_\_\_\_ (Refer to www.aegisfirst.com for motorcycle classification)

PREMIUM—RATE ON YOUNGEST OPERATOR	#1	#2
25/50/25 BODILY INJURY / PROPERTY DAMAGE	\$	\$
COMPREHENSIVE / COLLISION DEDUCTIBLE 100 _____ / 250 _____ / 500 _____ / 1000 _____	\$	\$
ACCESSORIES COVERAGE—TOTAL VALUE \$ _____	\$	\$
TOURING BIKE COVERAGE	\$	\$
SUB TOTAL	\$	\$
CREDITS _____% (MAXIMUM CREDITS—35%) NOTE: CREDITS WILL NOT BE APPLIED UNLESS REQUIRED DOCUMENTATION LISTED ON THE REVERSE SIDE IS ATTACHED TO THE APPLICATION.	\$	\$
SURCHARGE _____%	\$	\$
TOTAL PREMIUM PER MOTORCYCLE	\$	\$
TOTAL POLICY PREMIUM	\$	

**IF NO—DO NOT SUBMIT**

Is the motorcycle kept in a locked garage when not in use?  
Applicable only if physical damage coverage is requested. Yes\_\_\_ No\_\_\_

Do all operators have a New Hampshire driver's license with the motorcycle endorsement? Yes\_\_\_ No\_\_\_

Have all operators age 22 and under completed a MC driver training course? Yes\_\_\_ No\_\_\_

**IF YES—DO NOT SUBMIT**

Is (Are) the motorcycle(s) a show bike, extensively customized, a chopper (altered front end, chopped frame) or otherwise structurally altered? Yes\_\_\_ No\_\_\_

Is (Are) the motorcycle(s) used in any racing activity? Yes\_\_\_ No\_\_\_

Has any operator been convicted of any major violations in the past three (3) years? Major Violations defined below. Yes\_\_\_ No\_\_\_

**STANDARD PROGRAM:** Does any operator have more than three (3) minor violations, any major moving violations, license suspension, or more than one (1) at fault accident in the past three (3) years? Yes\_\_\_ No\_\_\_

**TOUR RIDER / HARLEY / SPECIAL HAZARD PROGRAMS:** Does any operator have more than one (1) minor violation, any major moving violations, license suspension or any at fault accidents in the past three (3) years? Yes\_\_\_ No\_\_\_

**TOUR RIDER / HARLEY PROGRAMS:** Does any operator have less than one (1) year experience operating a motorcycle 500 cc's or larger. A copy of the expiring declaration page must be attached to bind coverage. Yes\_\_\_ No\_\_\_

**MAJOR VIOLATION DEFINED**

- Operating a motor vehicle while in an intoxicated condition or while disabled by reason of the use of drugs.
- Leaving the scene of an accident without stopping to report.
- Homicide or assault arising out of the operation of a motor vehicle or criminal negligence in the operation of a motor vehicle resulting in death.
- Driving a motor vehicle at an excessive rate of speed.
- Driving a motor vehicle in a reckless / careless manner
- Suspension or revocation of license.

A MOTOR VEHICLE REPORT (MVR) WILL BE OBTAINED. IF THE MVR SHOWS ACCIDENTS OR VIOLATIONS THAT WERE NOT DISCLOSED COVERAGE MAY BE NULL AND VOID.

ATTACH A COPY OF ALL OPERATORS DRIVER'S LICENSES AND A COPY OF THE REGISTRATION.

Titled Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

IF THE RISK IS ACCEPTABLE AND A POLICY IS ISSUED, THE POLICY IS SUBJECT TO THE MINIMUM EARNED PREMIUM SHOWN ON THE DECLARATIONS PAGE IF THE INSURED REQUESTS MID-TERM CANCELLATION.

PAYMENT OPTIONS		
PAY IN FULL _____	3 PAYMENTS _____ 50% Down / 25% / 25%	4 PAYMENTS _____ 25% Down / 25% / 25% / 25%

CREDIT CARD AUTHORIZATION ON BACK

