

Underwritten by: Dairyland Insurance Company

Agent No. \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_

**Safe Trip Motorcycle Insurance Application**

State No.	Policy No.	Agent No.
02		

Type or Print with Black Ink

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through

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**POLICY NOT TO EXCEED 59 DAYS**

1. **Coverage to be effective:** Date: DAY MO. YR.

Date: DAY MO. YR.

(Not prior to date of entry)

I want insurance coverage for:  30 Days  59 Days

2. **Name of Insured:**

(LAST) (FIRST) (MIDDLE INITIAL)

Mailing Address: \_\_\_\_\_ (COUNTRY)

Phone Number: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. **Driver Information:**

Sex	Male	Female	Birth Date	Day	Month	Year	Marital Status	Single	Married

4. **Description of Motorcycle or Moped to be insured:**

Year	Make	Model	No. of CC's	Frame Number

a. Name of Lienholder \_\_\_\_\_ Current Balance of Motorcycle Loan: \_\_\_\_\_

b. Address of Lienholder \_\_\_\_\_

**ARIZONA - SAFE TRIP RATES**

Write in premium amount below ↓

**OPTION I: LIABILITY ONLY**

	All cc's
30 Days Premium	\$ 38
59 Days Premium	76

**OPTION II: LIABILITY AND COMPREHENSIVE**

	1-575cc	576-875cc	876-1050cc	1051-1375cc	1376cc & over
30 Days Premium 2004 and later	\$ 68.00	\$ 73.00	\$120.00	\$130.00	\$137.00
2002 - 2003	63.50	67.75	107.70	116.20	122.15
2001 and prior	62.30	66.35	104.42	112.52	118.19
59 Days Premium 2004 and later	\$136.00	\$146.00	\$240.00	\$260.00	\$274.00
2002 - 2003	127.00	135.50	215.40	232.40	244.30
2001 and prior	124.60	132.70	208.84	225.04	236.38

**OPTION III: LIABILITY, COMPREHENSIVE AND COLLISION**

	1-575cc	576-875cc	876-1050cc	1051-1375cc	1376cc & over
30 Days Premium 2004 and later	\$106.00	\$118.00	\$207.00	\$247.00	\$263.00
2002 - 2003	95.80	106.00	181.65	215.65	229.25
2001 and prior	93.08	102.80	174.89	207.29	220.25
59 Days Premium 2004 and later	\$212.00	\$236.00	\$414.00	\$494.00	\$526.00
2002 - 2003	191.60	212.00	363.30	431.30	458.50
2001 and prior	186.16	205.60	349.78	414.58	440.50

**INCREASED LIABILITY LIMITS**

	30 Days Premiums	59 Days Premiums
25/50/10	\$ 17	34
50/100/25	75	150
100/300/50	106	212
250/500/100	186	372

**MEDICAL PAYMENTS**

Limits	30 Days Premiums	59 Days Premiums
\$1,000	\$10	20

**SUB-TOTAL PAGE 1**  
(carry over to next page)

\$
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Application continued on next page.

**VERY IMPORTANT: YOU MUST SELECT AN OPTION BELOW AND INITIAL THAT SELECTION, THEN, TOTAL THE PREMIUMS AND SIGN THIS PORTION. YOU MUST ALSO SIGN THE BOTTOM OF THE APPLICATION IN ORDER FOR COVERAGE TO BE BOUND:**

**DAIRYLAND INSURANCE COMPANY  
UNINSURED AND UNDERINSURED MOTORIST COVERAGE SELECTION FORM**

**DO NOT SIGN UNTIL YOU READ**

**The section below must be selected and signed in order for coverage to apply.**

You have a legal right to purchase *both* Uninsured (UM) and Underinsured Motorist (UIM) coverages with this liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured/Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$15,000/\$30,000 up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury. (Options I, II and III provide limits of \$15,000/30,000. If you have not chosen to increase this limit, we recommend purchasing Uninsured and Underinsured motorist protection at this limit.)

**SAFE TRIP RATES**

**Available Options For Uninsured Motorist Coverage. (UM) - Please initial**

\_\_\_\_\_ I reject UM coverage entirely.

\_\_\_\_\_ I have read the UM coverage description which recommends limits equal to the bodily injury liability limit of my policy **but** have chosen the following lower limit:

Initials	Limit	Premium	
		30 Days	59 Days
_____	\$15,000/30,000 (basic)	\$ 7	\$14
_____	\$25,000/50,000	\$11	\$22
_____	\$50,000/100,000	\$13	\$26
_____	\$100,000/300,000	\$19	\$38
_____	\$250,000/500,000	\$32	\$64

\$
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\_\_\_\_\_ I select UM coverage in limits **equal** to the bodily injury liability limit of my policy.

**Available Options For Underinsured Motorist Coverage. (UIM) - Please initial**

\_\_\_\_\_ I reject UIM coverage entirely.

\_\_\_\_\_ I have read the UIM coverage description which recommends limits equal to the bodily injury liability limit of my policy **but** have chosen the following lower limit:

Initials	Limit	Premium	
		30 Days	59 Days
_____	\$15,000/30,000 (basic)	\$ 5	\$10
_____	\$25,000/50,000	\$ 7	\$14
_____	\$50,000/100,000	\$ 8	\$16
_____	\$100,000/300,000	\$11	\$22
_____	\$250,000/500,000	\$17	\$34

\$
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\_\_\_\_\_ I select UIM coverage in limits **equal** to the bodily injury liability limit of my policy.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

**SIGNED: Applicant: X** \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yy)

**I FULLY UNDERSTAND AND AGREE THAT:**

No coverage can be bound unless the total premium due accompanies this signed and properly completed application.

Coverage cannot be effective earlier than the date listed on the application.

If the bank does not honor my premium remittance or in the event the company is unable to collect premium payment from my credit card company, no coverage will be afforded under this application or policy.

My motorcycle policy will not provide any coverage while the motorcycle is being transported to or from the United States of America. Coverage will begin on the effective date listed on this application, but only when the motorcycle is in my care, custody, or control, regardless of the port of entry. I understand that nothing in this statement excludes coverage provided by this policy should I choose to enter any Canadian Province while driving or transporting the motorcycle listed on this application provided the motorcycle is in my care, custody or control.

My policy contains certain exclusions, covers certain individuals and provides only the coverages I have purchased. Refer to your policy for a complete coverage explanation.

I further understand that, in the event of a loss, any payment under physical damage coverage will be based on the U.S. market value of like kind and quality cycles at time of loss.

This policy may be cancelled if this application contains any false statement, omission, or material misrepresentation that would have otherwise altered the company's evaluation of any person covered by this insurance.

I further understand that my policy coverage will be in force only for the days indicated on this application. If I desire insurance coverage after the expiration of the dates indicated on this application, I understand that I am to contact the agent from whom I purchased this policy to request a new policy.

**SIGNED: Applicant: X** \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yy)

**Agent Signature** \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yy)

**Method of Payment: (Please check one)**

- International Money Order  
 Visa®     MasterCard®     Discover Card®

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ (mm/yy)

Card Holder Name \_\_\_\_\_

**TOTAL PAGE 2**

**TOTAL PAGE 1**

**TOTAL AMOUNT TO BE PAID**

\$

**SUMMARY OF OUR INFORMATION PRACTICES PURSUANT TO A.R.S. §20-2104D**

To make fair insurance decisions, it's important that we gather accurate information and complete information. Therefore, we may collect personal information from persons other than you and, in certain circumstances, disclose this information to third parties without prior authorization. However, you have the right to request access and corrections to this personal information collected in connection with your insurance transaction. This application is the only source of underwriting information except for Motor Vehicle Records and information from previous insurance companies.

For complete description of your rights and our obligations regarding personal information pursuant to A.R.S. §20-2104C, write to: Dairyland Insurance, Director of Dairyland Processing, 1800 North Point Drive, Stevens Point, Wisconsin 54481.