



ARIZONA LICENSED LOW-SPEED VEHICLE INSURANCE APPLICATION

AGENCY CODE		
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		HOME PHONE
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	IS THE JOINT OWNERSHIP ENDORSEMENT NEEDED? <input type="checkbox"/> Y <input type="checkbox"/> N
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DOES ANY OPERATOR BELONG TO AN APPROVED ALLIANCE GROUP? Y N
 Which operator: _____ Which organization: _____ (AGENT: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP) MEMBERSHIP NUMBER _____

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	TOTAL YEARS LICENSED	DRIVER'S LICENSE NUMBER	ISSUING STATE	SR-22 FILING REQUIRED
1 Named Insured	----	----	----				<input type="checkbox"/> Y <input type="checkbox"/> N
2							<input type="checkbox"/> Y <input type="checkbox"/> N
3							<input type="checkbox"/> Y <input type="checkbox"/> N
4							<input type="checkbox"/> Y <input type="checkbox"/> N
5							<input type="checkbox"/> Y <input type="checkbox"/> N

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	TYPE: NEIGHBORHOOD ELECTRIC VEHICLE (NEV) OR GOLF CART	MAKE AND MODEL	MODEL YEAR	CURRENT MARKET VALUE	USE P=PERSONAL B=BUSINESS	ESTIMATED ANNUAL MILEAGE	STORED IN FULLY-ENCLOSED LOCKED GARAGE OR SIMILAR STRUCTURE*
1				\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
2				\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
3				\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
4				\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M
5				\$			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M

***CHECK "M" IF APPLICANT IS A SERVICEMEMBER WHO LIVES ON A MILITARY BASE AND GARAGES THE VEHICLE(S) ON THE BASE.**

VEH	VEHICLE IDENTIFICATION NUMBER	NUMBER OF WHEELS	LICENSED FOR ROAD USE	GAS, DIESEL, ELECTRIC	ABS	AIRBAG
1			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

LOSS PAYEE or LEASING COMPANY

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

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION - ARIZONA

DO NOT SIGN UNTIL YOU READ

You have a legal right to purchase **both** Uninsured and Underinsured Motorist coverages with the proposed automobile 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 and 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 split limits up to your policy's liability limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limits on the policy are \$ _____ per person, \$ _____ per accident.

Options available for Uninsured and Underinsured Motorist coverages:

Uninsured Motorists Liability

Accept	Reject	(initial)						
_____	_____	_____	Limit	Premium Vehicle 1	Premium Vehicle 2	Premium Vehicle 3	Premium Vehicle 4	Premium Vehicle 5
_____	_____	_____	Limit	Premium Vehicle 1	Premium Vehicle 2	Premium Vehicle 3	Premium Vehicle 4	Premium Vehicle 5

_____ **I do not wish to purchase Uninsured coverage.**

Underinsured Motorists Liability

Accept	Reject	(initial)						
_____	_____	_____	Limit	Premium Vehicle 1	Premium Vehicle 2	Premium Vehicle 3	Premium Vehicle 4	Premium Vehicle 5
_____	_____	_____	Limit	Premium Vehicle 1	Premium Vehicle 2	Premium Vehicle 3	Premium Vehicle 4	Premium Vehicle 5

_____ **I do not wish to purchase Underinsured coverage.**

Contact your Foremost Representative for premium figures (if required).

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 or my agent know in writing.

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

APPLICANT OR NAMED INSURED (Please print) _____ POLICY NUMBER _____