



ROCKFORD MUTUAL INSURANCE COMPANY
ROCKFORD, ILLINOIS

FIELD AND TRAIL APPLICATION

COVERAGE BOUND YES NO
 PREMIUM QUOTE

BILLING	
<input type="checkbox"/>	1 PAY
<input type="checkbox"/>	2 PAY (\$100 min)
<input type="checkbox"/>	3 PAY (\$200 min)
<input type="checkbox"/>	AGENCY BILL (1 PAY ONLY)

FOR UNLICENSED OFF-THE-ROAD RECREATIONAL VEHICLES

Applicant's Name _____
 Street _____
 City _____ County _____ State _____ Zip Code _____
 POLICY TERM: FROM _____ TO _____ 12:01 am Standard Time

Agent _____
 Agent's No. _____

PROGRAM 1: Package of liability and direct physical loss PROGRAM 2: Liability only coverage

UNIT NO.	VEHICLE TYPE			YEAR	DESCRIPTION	MAKE	MODEL	ENGINE C.C.	HORSE POWER	TOP RATED SPEED	SERIAL NO.	LAY-UP PERIOD			AMOUNT OF COVERAGE
	SNOW-MOBILE	ATV	TRAILERS									MONTHS 3	MONTHS 6	FROM	
1															
2															
3															

LOSS PAYEE: Name _____
 Applying to units - (circle below) Address _____
 1 2 3 4 5

COVERAGES	LIMITS OF LIABILITY	UNIT PREMIUMS					TOTAL PREMIUMS
		1	2	3	4	5	
PART 1 - LIABILITY	Bodily injury and property damage liability each accident						
	Passenger hazard liability <input type="checkbox"/> \$25/\$50 <input type="checkbox"/> \$50/\$100 <input type="checkbox"/>						
PART 2 - UNINSURED/UNDERINSURED MOTORIST	<input type="checkbox"/> \$25/\$50 <input type="checkbox"/> \$50/\$100 <input type="checkbox"/>						
PART 3 - MEDICAL PAYMENTS	\$1000 each accident (\$50 deductible)	INCLUDED					
PART 4 - DIRECT PHYSICAL LOSS	<input type="checkbox"/> \$50 Deductible <input type="checkbox"/> \$100 Deductible						
OPTIONAL COVERAGES (Not available for trailers)							
Additional equipment							
		TOTAL PREMIUM \$					

UNDERWRITING INFORMATION (Please explain any Yes answers below)

1.) Will any vehicle(s) be used for rent, hire, or racing? Yes No
 2.) Does any operator have any mental or physical impairment? Yes No
 3.) Are any of the vehicles licensed? Yes No
 4.) Telephone Number: _____ Occupation: _____
 5.) Does insured have any other policies with RMIC? Yes No
 6.) Any accidents or violations in last 3 years? Yes No

LIST ALL DRIVERS IN HOUSEHOLD	DATE OF BIRTH Mo. / Day / Yr.	DRIVER'S LICENSE NUMBER	LIST ALL DRIVERS IN HOUSEHOLD	DATE OF BIRTH Mo. / Day / Yr.	DRIVER'S LICENSE NUMBER
1.	-	-	4.	-	-
2.	-	-	5.	-	-
3.	-	-	6.	-	-

EXPLAIN ANY "YES" ANSWERS HERE (Continue on back of form, if necessary)

Applicant's signature **X** _____ Date _____

AGREEMENTS
 THE APPLICANT applies for membership and insurance in the Company and agrees to be bound by the policy issued hereon and by the articles of incorporation and by-laws of the Company as now in force or as the same may be hereafter amended. THE APPLICANT agrees that the application contains a full and true description and statement of the condition, situation, value, encumbrance and title of the property proposed to be insured, and agrees to notify the Company of any change therein.
PROXY STATEMENT
 Upon policy being issued hereon, the applicant, as policyholder of Rockford Mutual Insurance Company does hereby appoint the Proxy Committee of such Company, as his lawful representative for the term of the policy herein applied for, or until such power is revoked in writing, to vote his proxy at any and all meetings in which the undersigned is not represented in person.