AMERICAN RELIABLE INSURANCE COMPANY

MOTORCYCLE / ATV POLICY CHANGE REQUEST (PCR)

POLICY #: _____
INSURED: _____
_____
EFF. DATE OF CHANGE: _____
POLICY EXPIRATION DATE: _____

INSTRUCTIONS

FILL IN THE POLICY NUMBER, INSURED, AND EFFECTIVE DATE OF ENDORSEMENT TO THE LEFT.

ONLY FILL IN THOSE AREAS BELOW THAT NEED TO BE CHANGED. INSERT IN BOX BY FIELD BEING CHANGED.

A = ADD **C** = CHANGE **D** = DELETE

NAMED INSURED	Name				
	Address	City		State	Zip
	Garaging Address (if different than above)				
	County	Rating Territory	Driver's License #		
	Social Security #	Date of Birth / /	☐ Married ☐ Single/Separated	Phone No. **H** ( ) -	Phone No. **W** ( ) -
SUB - PRODUCER	Producer Code	Agency Name			Phone No. ( ) -
	Address	City		State	Zip
LIENHOLDER	Lien Name	Loan #			
	Address	City		State	Zip

DESCRIPTION OF MOTORCYCLE / ATV

Add/Delete	Year	Make	*Model	CC's	Purchase Date	Vehicle Identification Number

OPERATOR INFORMATION - LIST ALL OPERATORS

Name	Date of Birth	Driver's License Number and State	Minor Violations Last 3 Years (Date/Type)	Major Violations Last 3 Years (Date/Type)

SEE BACK FOR OPERATOR RATING ASSIGNMENT

Coverage Options

Liability Limits: (***Choose One Limit***)

- ☐ 25/50/10 (Wrong. Death and Guest Pass. Cov. Incl.)
- ☐ 25/50/25 (Wrong. Death and Guest Pass. Cov. Incl.)
- ☐ 50/100/50 (Wrong. Death and Guest Pass. Cov. Incl.)
- ☐ 100/300/50 (Wrong. Death and Guest Pass. Cov. Incl.)
- ☐ 250/500/100 (Wrong. Death and Guest Pass. Cov. Incl.)

Other than Collision/Collision Coverage

☐ $250 Ded ☐ $1000 Ded
☐ $500 Ded ☐ Delete Coverage

Optional Basic Economic Loss - OBEL

☐ Delete Coverage

Supplementary Uninsured/Underinsured Motorists - SUM

☐ 25/50 ☐ 100/300
☐ 50/100 ☐ 250/500
☐ Delete Coverage

Supplemental Spousal Coverage - SSC

☐ 25/50 ☐ 100/300
☐ 50/100 ☐ 250/500
☐ Delete Coverage

Medical Payments

☐ $500 ☐ $5,000
☐ $1,000 ☐ Delete Coverage
☐ $2,500

Accessory Premium ($1,000 included w/phy damage cov.)
Available with Other than Collision & Collision Coverage Only

Road Rider $10. ☐ Delete Coverage
Available with Other than Collision & Collision Coverage Only

ACCESSORIES & NON-STANDARD EQUIPMENT

$1,000 provided with OTC & Coll Coverage. All non-standard equipment and accessories must be listed below for coverage to exist. Additional coverage over $1,000 is available for additional premium of $10 per $100 (round to the nearest $100)

	Unit #			Unit #	
Windshield		$	Special Finish		$
Exhaust		$	Other - List Items		$
Saddle Bags		$			$
Tour Rack		$			$
Luggage Rack		$			$
Tow Behind Trailer		$			$
				TOTAL	$

Helmets are covered up to $300 with OTC & COLL package purchase.

ACCIDENT/VIOLATION CHART
(Additional Drivers Added to Policy) Preceding 36 months

Level	Factor	Level	Factor	Level	Factor	Level	Factor	Level	Factor
0	1.00	1	1.05	2	1.20	3	1.80	4	2.25

- ☐ 0 Level 0-1 minors, zero at-fault accidents, zero majors
- ☐ 1 Level 2 minors, zero at-fault accidents, zero majors
- ☐ 2 Level Up to 2 minors & 1 at-fault accident over $1000, zero majors
- ☐ 3 Level Up to 3 minors & 1 at-fault accident over $1000 or 1 major
- ☐ 4 Level Up to 4 minors & 2 at-fault accidents over $1000 or 2 majors (no multiple DUI's)

See web site or rate guide for eligibility and major violation explanation

	Yes	No	How Many?	Date(s)
Driving Record	☐	☐		
Accidents (at fault)	☐	☐		
Major Violations	☐	☐		
Minor Violations	☐	☐		

CANCELLATION *(Attach Cancellation Evidence)*

Effective Date: _____ Method: ☐ PR ☐ Flat ☐ SR

Reason: _____

MAIL ORIGINAL FORM TO:
H.R.KELLER & CO., INC.
1520 SHERIDAN DRIVE
BUFFALO, NY 14217