

State: Iowa **First Filing Company:** Progressive Northern Insurance Company, ...
TOI/Sub-TOI: 19.0 Personal Auto/19.0002 Motorcycle
Product Name: Motorcycle
Project Name/Number: IA MC R11/2013-IA-MC-R11

Filing at a Glance

Companies: Progressive Northern Insurance Company
Progressive Universal Insurance Company

Product Name: Motorcycle

State: Iowa

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Filing Type: Form

Date Submitted: 08/21/2013

SERFF Tr Num: PRGS-129122502

SERFF Status: Closed-Approved

State Tr Num:

State Status:

Co Tr Num: 2013-IA-MC-R11

Effective Date 11/22/2013

Requested (New):

Effective Date

Requested (Renewal):

Author(s): Char Libby, Danna Norek

Reviewer(s): Wayne Lacher (primary)

Disposition Date: 08/22/2013

Disposition Status: Approved

Effective Date (New): 12/13/2013

Effective Date (Renewal):

State: Iowa
TOI/Sub-TOI: 19.0 Personal Auto/19.0002 Motorcycle
Product Name: Motorcycle
Project Name/Number: IA MC R11/2013-IA-MC-R11

First Filing Company: Progressive Northern Insurance Company, ...

General Information

Project Name: IA MC R11

Project Number: 2013-IA-MC-R11

Reference Organization:

Reference Title:

Filing Status Changed: 08/22/2013

State Status Changed:

Created By: Danna Norek

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Danna Norek

Filing Description:

These forms are being submitted for your review and approval. The date we propose to begin using these forms is November 22, 2013. We will notify you if this date changes.

The Iowa Motorcycle Combo (Agency/Direct) Application, Form 4868 IA (06/13) will replace Iowa Motorcycle Combo (Agency/Direct) Application, Form 4868 IA (07/11), which was previously approved on August 1, 2011 in SERFF Tracking #PRGS-127337678. A comparison document is provided on the Supporting Documentation tab.

The Iowa Declarations Page, Form 6489 IA (02/10) will replace Iowa Declarations Page, Form 6489 IA (07/07), which was approved on July 3, 2008 in SERFF Tracking #PRGS-125722038. A comparison document is provided on the Supporting Documentation tab.

The Off-Road Vehicle Coverage Endorsement, Form Z565 (03/10) will replace the Iowa Off-Road Vehicle Coverage Endorsement, Form Z565 IA (05/08), which was approved on July 3, 2008 in SERFF Tracking #PRGS-125722038. A comparison document is provided on the Supporting Documentation tab.

These forms will endorse the Iowa Motorcycle Policy, Form 5979 IA (01/10), which was approved on February 9, 2010 in SERFF Tracking # PRGS-126489813. These endorsements are optional coverages available to the insured:
Enhanced Injury Protection Endorsement, Form A070 (02/13)
Carried Contents Coverage Endorsement, Form A071 (03/12)

The Iowa Motorcycle Endorsement, Form Z830 IA (07/13), endorses the Iowa Motorcycle Policy, Form 5979 IA (01/10). It will issue to all insureds.

The Cancel Refund Endorsement, Form 9869 (04/11) endorses the Iowa Motorcycle Policy, Form 5979 IA (01/10). It will issue to all insureds.

Company and Contact

Filing Contact Information

Aliceia J. Smith, Senior Counsel
6300 Wilson Mills Rd
Box 72B
Mayfield Village, OH 44143

Aliceia_J_Smith@progressive.com
440-395-2756 [Phone]
440-395-3790 [FAX]

State: Iowa
TOI/Sub-TOI: 19.0 Personal Auto/19.0002 Motorcycle
Product Name: Motorcycle
Project Name/Number: IA MC R11/2013-IA-MC-R11

First Filing Company: Progressive Northern Insurance Company, ...

Filing Company Information

Progressive Northern Insurance Company
c/o CT Corporation System
8025 Excelsior Dr, # 200
Madison, WI 53717
(608) 833-4821 ext. [Phone]

CoCode: 38628
Group Code: 155
Group Name:
FEIN Number: 34-1318335

State of Domicile: Wisconsin
Company Type:
State ID Number:

Progressive Universal Insurance Company
c/o CT Corporation System
8040 Excelsior Drive, # 200
Madison, WI 53717
(608) 833-4821 ext. [Phone]

CoCode: 21727
Group Code: 155
Group Name:
FEIN Number: 36-3789787

State of Domicile: Wisconsin
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

PRGS-129122502

State Tracking #:**Company Tracking #:**

2013-IA-MC-R11

State:

Iowa

First Filing Company:

Progressive Northern Insurance Company, ...

TOI/Sub-TOI:

19.0 Personal Auto/19.0002 Motorcycle

Product Name:

Motorcycle

Project Name/Number:

IA MC R11/2013-IA-MC-R11

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Wayne Lacher	08/22/2013	08/22/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Change of New Business Effective Date to 12/13/13	Note To Reviewer	Danna Norek	11/06/2013	11/06/2013

State: Iowa
TOI/Sub-TOI: 19.0 Personal Auto/19.0002 Motorcycle
Product Name: Motorcycle
Project Name/Number: IA MC R11/2013-IA-MC-R11

First Filing Company: Progressive Northern Insurance Company, ...

Disposition

Disposition Date: 08/22/2013

Effective Date (New): 12/13/2013

Effective Date (Renewal):

- Effective Date (New) changed from 11/22/2013 to 12/12/2013 by Lacher, Wayne on 11/06/2013.
- Effective Date (New) changed from 12/12/2013 to 12/13/2013 by Lacher, Wayne on 11/06/2013.

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

0.000%

Effect of Rate Filing-Written Premium Change For This Program

\$0

Effect of Rate Filing - Number of Policyholders Affected

0

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Filing Fee Information		Yes
Supporting Document	Comparison Documents		Yes
Form	Cancel Refund Endorsement		Yes
Form	Iowa Motorcycle Combo (Agency/Direct) Application		Yes
Form	Declarations Page		Yes
Form	Off-Road Vehicle Coverage Endorsement		Yes
Form	Enhanced Injury Protection Endorsement		Yes
Form	Carried Contents Coverage Endorsement		Yes
Form	Iowa Motorcycle Endorsement		Yes

State: Iowa
TOI/Sub-TOI: 19.0 Personal Auto/19.0002 Motorcycle
Product Name: Motorcycle
Project Name/Number: IA MC R11/2013-IA-MC-R11

First Filing Company: Progressive Northern Insurance Company, ...

Note To Reviewer

Created By:

Danna Norek on 11/06/2013 02:40 PM

Last Edited By:

Danna Norek

Submitted On:

11/06/2013 02:40 PM

Subject:

Change of New Business Effective Date to 12/13/13

Comments:

Hello. This is to inform you that our New Business effective date for the forms in this filing has changed from November 22, 2013 to December 13, 2013. Thank you.

State: Iowa
 TOI/Sub-TOI: 19.0 Personal Auto/19.0002 Motorcycle
 Product Name: Motorcycle
 Project Name/Number: IA MC R11/2013-IA-MC-R11

First Filing Company: Progressive Northern Insurance Company, ...

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Cancel Refund Endorsement	9869	(04/11)	END	New				9869.XX.0411.pdf
2		Iowa Motorcycle Combo (Agency/Direct) Application	4868 IA	(06/13)	ABE	Replaced	Previous Filing Number:	PRGS-127337678		4868.IA.0613.MC.Clean.pdf
							Replaced Form Number:	4868 IA (07/11)		
3		Declarations Page	6489 IA	(02/10)	DEC	Replaced	Previous Filing Number:	PRGS-125722038		6489.IA.0210.MC.Clean.pdf
							Replaced Form Number:	6489 IA (07/07)		
4		Off-Road Vehicle Coverage Endorsement	Z565	(03/10)	END	Replaced	Previous Filing Number:	PRGS-125722038		Z565.0310.pdf
							Replaced Form Number:	Z565 (05/08)		
5		Enhanced Injury Protection Endorsement	A070	(02/13)	END	New				A070.XX.0213.MC.pdf
6		Carried Contents Coverage Endorsement	A071	(03/12)	END	New				A071.XX.0312.pdf
7		Iowa Motorcycle Endorsement	Z830 IA	(07/13)	END	New				Z830.IA.0713.Clean.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

Cancellation Refund Endorsement

The Cancellation Refund provision in the General Provisions part of **your** policy is deleted and replaced by the following:

CANCELLATION REFUND

Upon cancellation, **you** may be entitled to a premium refund. However, **our** making or offering of a refund is not a condition of cancellation.

If cancellation is at **your** request, or if cancellation is for non-payment of premium, any refund due will be computed on a 90% of a daily pro rata basis. This is an accelerated method of calculating earned premium on cancellations. For all other cancellations, any refund due will be computed on a daily pro rata basis.

All other terms, limits and provisions of this policy remain unchanged.

Application for Insurance

Please review, sign where

indicated and return

Please review and sign where

indicated

Policy number: <Policy number>

<Named Insured/Named Insureds>:

<Named Insd Full Name>

<* Second Named Insd Full Name>

<1 Month, DD, CCYY>

Page <1X> of <2X>

Policy and premium information for policy number <Policy number>

Policy and premium information

Insurance company: <Underwriting company name>
<Underwriting company street address>
<Underwriting company city>, <Underwriting company state> <Underwriting company ZIP code>

<Broker/Agent>: <Agent name>
<Agency name>
<Agency street address 1 >
<Agency city>, <Agency state> <Agency ZIP code>
<Agent Code without prefix>
<X-XXX-XXX-XXXX>

<Broker/Agent> : <Agency name>
<Agency street address 1 >
<Agency city>, <Agency state> <Agency ZIP code>
<Agent Code without prefix>
<X-XXX-XXX-XXXX>

<1 X>: <Named Insured Full Name>
< * Second Named Insured Full Name>
<Named insured street address 1 >
< * Named insured street address 2 >
<Named insured Foreign Address>
<Named insured city>, <Named insured state> <Named insured ZIP code>
e-mail address: < * Customer email address>
Home: < * 2 X-XXX-XXX-XXXX>
Work: < * 3 X-XXX-XXX-XXXX>

Financial responsibility vendor: <Credit vendor name>
<X-XXX-XXX-XXXX>

Policy period: <1 Mon, DD CCYY> - <2 Mon, DD CCYY>

Effective date and time: <3 Mon, DD CCYY> at <4 HH:MM X.X.>

Total policy premium: <5 \$XX,XXX,XXX,XXX>

Initial payment required: <6 \$XXX,XXX.XX>

Initial payment received: <7 \$XX,XXX.XX>

Payment plan: <Selected payment plan>

Your policy will be effective when your required initial payment is received by your <broker/agent> or at a later date of your choice.

.....
 Total policy premium: <1 \$XX,XXX,XXX,XXX>

.....
 Initial payment required: <2 \$XXX,XXX.XX>

.....
 Payment plan: <Selected payment plan>

.....
 Your policy will be effective when your required initial payment is received or at a later date of your choice.

.....
 Total policy premium: <1 \$XX,XXX,XXX,XXX>

.....
 Initial payment required: <2 \$XXX,XXX.XX>

.....
 Payment plan: <Selected payment plan>

Drivers and household residents

All household residents who operate the vehicles described in the application, all operators that have an ownership interest in any of these vehicles and any other regular operator of these vehicles are listed below.

Name	Date of birth	Sex	Marital status	Relationship
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.....
 <Driver Full Name> <1 Mon DD, CCYY> <Driver Gender> <Driver Marital Status> <2 X>

License status: <Driver's license status>

Principal vehicle: <Year of Driver's primary vehicle> <Make of Driver's primary vehicle> <Model of Driver's primary vehicle>

Education level: <Driver education description>

Driver filing

Name

<Driver Filing Full Name>

.....
 Filing type: <Filing Type> <*Filing Type 2> <*Filing Type 3 > <*Filing Type 4>

State: <Filing State > <*Filing State 2> <*Filing State 3> <*Filing State 4>

Case number: <*Filing Case> <*Filing Case 2> <*Filing Case 3> <*Filing Case 4>

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

General policy coverage

	Limits	Deductible	Premium
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X >	<2 X,XXX,XXX>
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X >	<2 X,XXX,XXX>
<Policy level coverage description 2 >	<Policy level limit 2 >	<3X >	
<Policy level coverage description 1 >	<Policy level limit 1 >		free
<Policy level coverage description 1 >	<Policy level limit 1 >		included
<Policy level coverage description 1 >	< Policy level limit 1 >	<1X>	included
<Policy level coverage description 2 >	< Policy level limit 2 >	<2X>	
<Policy level coverage description 1 >	< Policy level limit 1 >	<1X>	
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	
<Policy level coverage description 2 >	<Policy level limit 2 >	<2X>	<3 X,XXX,XXX>
<Policy level coverage description 1 >	< Policy level limit 1 >	<1X>	<2 X,XXX,XXX>

.....
 Total premium for general policy coverage <1 \$X,XXX,XXX>

.....
 Total premium for general policy coverage --

<Vehicle Year> <Vehicle Make> <Vehicle Model> <*Vehicle Body Type> CC: <Engine Size>

VIN: <Vehicle Identification Number>

Garaging Zip Code: < Vehicle garaging ZIP code > State: <Vehicle garaging state> Use: <Vehicle Use>

	Limits	Deductible	Premium
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 1 >	*	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 1 >	<1 \$XX,XXX>	<2X>	<3 X,XXX,XXX>
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 2 >	<Vehicle level coverage limit 2 >	<3X>	
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >		free
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >		included
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >		included
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	included
<Vehicle level coverage description 2 >	<Vehicle level coverage limit 2 >	<2X>	
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	
<Vehicle level coverage description 1 >	<Vehicle level limit 1 >	<1X>	
<Vehicle level coverage description 2 >	<Vehicle level limit 2 >	<2X>	<3 X,XXX,XXX>
<Vehicle level coverage description 1 >	<Vehicle level limit 1 >	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 1 >	<Vehicle level limit 1 >	<1X>	
<Vehicle level coverage description 2 >	<2 \$XX,XXX>	<3X>	<4 X,XXX,XXX>
Total premium for <Vehicle model year> <Vehicle make>			<1 \$X,XXX,XXX>
Subtotal policy premium			<1 \$X,XXX,XXX>
<Fee description 1 >			<1X X,XXX,XXX>
Total <Policy term length> month policy premium, with paid in full discount <XXX XXXX>			<1 \$X,XXX,XXX >
Total <Policy term length> month policy premium <XXX XXXX>			<1 \$X,XXX,XXX >

Premium discount

Premium discounts

Policy

<Policy number>

<Policy level discount description>

Driver

<Discount Driver Full Name>

<Driver discount description>

Vehicle

<Discount Vehicle Year> <Discount Vehicle Make>
 <Discount Vehicle Model>

<Vehicle discount description>

Driving history

Driving history continued

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident wasnot-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Motor Vehicle Reports and/or count data(MVR) - provided by a consumer reporting agency
- Progressive claims history (PROG)

<Branded Company Name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Driver and Description

Date

Source/Consumer reporting agency

<Violation Driver Full Name>
 <Violation Description>

<Mon DD, CCYY>

<All sources/reporting vendor names>

<Violation Driver Full Name>
 <Violation Description>

<Mon DD, CCYY>

<All sources/reporting vendor names>

(no points charged)

The company may consider claims history of the insured in determining whether to decline, cancel, nonrenew, or surcharge this policy. Any claim made under this policy will be reported to an insurance support organization.

Lienholder and Additional Interest information

Lienholder information

Additional Interest information

Vehicle

Lienholder

Additional interest

<1> <2> <3>
 <4>

< * Lienholder Name>
 < * Lienholder City, State ZIP>

< * Vehicle Additional interest Name>
 < * Vehicle Additional interest City, State ZIP>

< * Lienholder Name 2>
 < * Lienholder City, State ZIP 2>

< * Vehicle Additional interest Name 2>
 < * Vehicle Additional interest City, State ZIP 2>

Vehicle	Lienholder
<1> <2> <3> <4>	< * Lienholder Name > < * Lienholder City, State ZIP > < * Lienholder Name 2 > < * Lienholder City, State ZIP 2 >

Vehicle	Additional interest
<1> <2> <3> <4>	< * Vehicle Additional interest Name > < * Vehicle Additional interest City, State ZIP > < * Vehicle Additional interest Name 2 > < * Vehicle Additional interest City, State ZIP 2 >

Additional interest information

Additional Interest:	<Policy Additional interest Name > <Policy Additional interest Street > <Policy Additional interest City, State ZIP >
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Notice regarding accessory coverage

Subject to your limits of liability, if you have paid a premium for Comprehensive Coverage or Collision Coverage and you do not have Agreed Value on your motorcycle or off-road vehicle, you will receive coverage for any loss arising from theft or damage to any accessory attached to your motorcycle or off-road vehicle up to \$3,000. "Accessory " means equipment, devices, enhancements, and changes, other than those that are original manufacturer installed, which alter the appearance or performance of a covered vehicle.

Please be aware that accessories may have been added to your vehicle by any previous owner, including a dealership. In this event, the cost for any accessory may have been included in the purchase price of the vehicle. If the total value of any your accessory exceeds \$3,000, you may wish to purchase additional coverage. This coverage is available for an additional premium and affords protection for up to \$30,000 worth of accessories.

Notice regarding Uninsured/Underinsured Motorist Coverage

Uninsured/Underinsured Motorist Coverage does not cover damage done to your vehicle. It provides benefits only for bodily injury caused by an uninsured or underinsured motorist. If you wish to be insured for damage done to your vehicle, you must have collision coverage. Please check your policy to make sure you have the coverage desired.

Application agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

Acknowledgement and agreement

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

I agree that the maximum limit of liability for Comprehensive Coverage and Collision Coverage (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, unless either of the Total Loss Coverage or Agreed Value Coverage options is selected, in which case the maximum limits are determined as provided for in the policy contract.

If I have purchased Agreed Value Coverage, I understand that I must maintain the necessary paperwork (photos, title of vehicle, and all receipts) used in determining the Agreed Value of each vehicle. In the event of a loss, this information will be required to settle a claim.

All physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible.

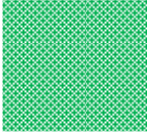
Other charges

I understand that if I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due, any refund due will be computed on a 90% of a daily pro rata basis. This is an accelerated method of calculating earned premium on cancellations. For all other cancellations, any refund due will be computed on a daily pro rata basis.

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of <1 \$XX,XXX.XX> will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of <1 \$XX,XXX.XX > during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <Payment postmark days> days after the premium due date. The amount of this fee may change upon policy renewal.



Applicant signature

I represent that I, <Named insured Full Name>, am the person identified as the named insured and the first driver in the Drivers and household residents section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.



I understand that my name already appears in the signature line below because I chose to electronically sign this application.

Signature of named insured

Date

X < * 1 E-sign Full Name>

< * 2 Month DD, CCYY>

<Return to name 1 >
< * Return to name 2 >
<Return address 1 >
< * Return address 2 >
<Return address city, state zip >

<Mail to name 1 >
< * Mail to name 2 >
<Mail to address 1 >
< * Mail to address 2 >
<Mail to Foreign Address >
<Mail to city, state zip >

<Risk Type> Insurance Coverage Summary

This is your Declarations Page

This is a copy of your
Declarations Page

This is your Renewal
Declarations Page

This is your revised Renewal
Declarations Page

Your policy period has changed

Your coverage has changed

Your policy information has changed

Logo

Policy number: <Policy Number>

Underwritten by:

<Underwriting Company Name>

<Reference number description> <1X>

<1 Month DD, CCYY>

Policy Period: <2 Mon DD, CCYY> – <3 Mon DD, CCYY>

Page <4X> of <5X>

<1 X-XXX-XXX-XXXX>

<Agency name>

<* Agent name>

Contact your <broker/agent> for personalized service.

<Progressive Brand Website URL>

Online Service

Make payments, check billing activity, update policy information or check status of a claim.

<X-XXX-XXX-XXXX>

To report a claim.

<X-XXX-XXX-XXXX>

For customer service and claims service,
24 hours a day, 7 days a week.

1-800-PROGRESSIVE (1-800-776-4737)

For customer service and claims service,
24 hours a day, 7 days a week.

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

Your coverage <1 begins/began> on <2 Month DD, CCYY> at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on <3 Month DD, CCYY> at 12:01 a.m.

Your coverage <1 begins/began> on <2 Month DD, CCYY > at 12:01 a.m. This policy expires on <3 Month DD, CCYY > at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a <Risk Type description> may not be combined with the limits for the same coverage on another <Risk Type description>. The policy contract is form <1x 9999 ST (MM/YY)>. The contract is modified by <2x> <3x 9999 ST (MM/YY)>.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a <Risk Type description> may not be combined with the limits for the same coverage on another <Risk Type description>. The policy contract is form <1x 9999 ST (MM/YY)>.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a <Risk Type description> may not be combined with the limits for the same coverage on another <Risk Type description>. The policy contract is form <1x 9999 ST (MM/YY)>. The contract is modified by <2x> <3x 9999 ST (MM/YY)>.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a <Risk Type description> may not be combined with the limits for the same coverage on another <Risk Type description>. The policy contract is form <1x 9999 ST (MM/YY)>.

A paid in full discount is included in your renewal policy premium.
 <Underwriting Company Name> is a stock company (NYSE: PGR).

Policy changes effective <Month DD, CCYY>

Changes requested on: <1X Mmm DD, CCYY> <2X XX:XX x.x.>

Requested by: <NAME OF THE ENDORSEMENT REQUESTOR>

Premium change: <-\$XXX,XXX.XX>

Changes: <Description of the endorsement changes>
 <Description of the endorsement changes>

Drivers and household residents

Additional information

<Driver Full Name> <* Additional driver information>

Outline of coverage

General policy coverage	Limits	Deductible	Premium
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	<2 X,XXX,XXX >

<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	<2 X,XXX,XXX >
<Policy level coverage description 2 >	<Policy level limit 2 >	<3X>	
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	
<Policy level coverage description 2 >	<Policy level limit 2 >	<2X>	<3 X,XXX,XXX >
<Policy level coverage description 1 >	Rejected		--
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	free
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	free
<Policy level coverage description 2 >	<Policy level limit 2 >	<2X>	
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	included
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	included
<Policy level coverage description 2 >	<Policy level limit 2 >	<2X>	
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	
Total general policy coverage			<1 \$X,XXX,XXX>
Total general policy coverage			--

<1X> <2X> <3X> Engine displacement: <Vehicle total engine size> cc's
 VIN <Vehicle VIN>

<Vehicle model year> <Vehicle make> <Vehicle model>
 VIN <Vehicle VIN>

	Limits	Deductible	Premium
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 2 >	<Vehicle level coverage limit 2 >	<3X>	
<Vehicle level coverage description 1 >	Rejected		--
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	free
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	included
Total premium for <Vehicle model year> <Vehicle make> < * Vehicle surcharge>			<1 \$X,XXX,XXX>
Subtotal policy premium			<1 \$X,XXX,XXX>
<Fee description>			<1X X,XXX,XXX>

.....
Total <Policy term length> month policy premium <2X> **<1 \$X,XXX,XXX>**

 Discount if paid in full <-1 X,XXX,XXX>

Total <Policy term length> month policy premium if paid in full <3X> **<2 \$X,XXX,XXX>**

Premium discount

Premium discounts

Policy

 <Policy number> <Policy level discount description>

 Driver

 <Discount Driver Full Name> <Driver discount description>

 Vehicle

 <Discount Vehicle Year> <Discount Vehicle Make> <Vehicle discount description>
 <Discount Vehicle Model>

Lienholder and Additional Interest information

Lienholder information

Additional Interest information

Vehicle	Lienholder	Additional interest
..... <1><2><3> <4>	< * Lienholder Name> < * Lienholder City, State ZIP>	< * Vehicle Additional interest Name> < * Vehicle Additional interest City, State ZIP>
	< * Lienholder Name 2> < * Lienholder City, State ZIP 2>	< * Vehicle Additional interest Name 2> < * Vehicle Additional interest City, State ZIP 2>
Vehicle	Lienholder	
..... <1><2><3> <4>	< * Lienholder Name> < * Lienholder City, State ZIP>	
	< * Lienholder Name 2> < * Lienholder City, State ZIP 2>	
Vehicle	Additional interest	
..... <1><2><3> <4>	< * Vehicle Additional interest Name> < * Vehicle Additional interest City, State ZIP>	

< * Vehicle Additional interest Name 2>
< * Vehicle Additional interest City, State ZIP 2>

Additional interest information

Additional Interest: <Policy Additional interest Name>
<Policy Additional interest Street>
<Policy Additional interest City, State ZIP>

Important information about Accessories on your motorcycle/off-road vehicle

Coverage for physical damage to your motorcycle/off-road vehicle extends only to the vehicle as it comes from the factory. Accessories added on at the dealership or by an individual, and therefore not provided as original equipment by the manufacturer, are not considered part of the vehicle as delivered from the factory. Comprehensive Coverage and Collision Coverage include \$3000 of accessory coverage. Please review the value of the accessories on your vehicle. Should you wish to purchase coverage for more accessories, additional accessory coverage is available.

Deductibles

All physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible. Loss to only accessories will not be subject to a deductible.

Company officers

< * First Company officer signature> < * Second Company officer signature>
< * First Company officer's title> < * Second Company officer's title>

Off-Road Vehicle Coverage Endorsement

For purposes of this Off-Road Vehicle Coverage Endorsement, **your** Motorcycle Policy and any endorsements to **your** policy are amended as follows:

1. General Definitions

- (a) The General Definition of "**covered motorcycle**" is deleted and all references throughout the policy to "**covered motorcycle**" are deleted and replaced by "**covered off-road vehicle**".
- (b) The General Definition of "**motorcycle**" is deleted and all references throughout the policy to "**motorcycle**" or to "motorcycle" are deleted and replaced by "**off-road vehicle**".
- (c) The remainder of the General Definitions section is deleted in its entirety, as are all references throughout the policy to those definitions, and replaced by the following:

General Definitions

The following definitions apply throughout the policy. Defined terms are printed in boldface type and have the same meaning whether in the singular, plural, or any other form.

1. "**Additional off-road vehicle**" means an **off-road vehicle you** become the owner of during the policy period that does not permanently replace an **off-road vehicle** shown on the **declarations page** if:
 - a. **we** insure all other **off-road vehicles you** own;
 - b. the **additional off-road vehicle** is not covered by any other insurance policy;
 - c. **you** notify **us** within 30 days of becoming the owner of the **additional off-road vehicle**; and
 - d. **you** pay any additional premium due.

An **additional off-road vehicle**, including a motorcycle, will have the broadest coverage **we** provide for any **off-road vehicle** shown on the **declarations page**. If **you** decide to add any coverage to this policy or increase **your** limits, these changes to **your** policy will not become effective until after **you** ask **us**, and **we** have agreed, to add the coverage or increase **your** limits. If **you** ask **us** to insure an **additional off-road vehicle** more than 30 days after **you** become the owner, any coverage **we** provide will begin at the time **you** request coverage.

2. "**All-terrain vehicle**" or "**ATV**" means any land motor vehicle that has at least three wheels and is principally designed for operation off public roads.
3. "**Bodily injury**" means bodily harm, sickness, or disease, including death that results from bodily harm, sickness, or disease.
4. "**Covered off-road vehicle**" means:
 - a. any **off-road vehicle** shown on the **declarations page** for the coverages applicable to that **off-road vehicle**;
 - b. any **additional off-road vehicle**; and
 - c. any **replacement off-road vehicle**.
5. "**Declarations page**" means the document showing **your** coverages, limits of liability, **covered off-road vehicles**, premium, and other policy-related information. The **declarations page** may also be referred to as the Off-Road Vehicle Insurance Coverage Summary.
6. "**Dirt bike**" means any land motor vehicle that has:
 - a. two wheels and is designed exclusively for operation off public roads;
 - b. completely open-air driver's seating; and
 - c. a motorcycle hand-grip steering device.
7. "**Golf cart**" means any land motor vehicle designed principally for use on a golf course.
8. "**Occupying**" means in, on, entering, exiting, mounting or dismounting.
9. "**Off-road vehicle**" means any **ATV, dirt bike, golf cart, Segway®**, or **snowmobile** that is designed for operation principally off public roads.

10. "**Off-road vehicle business**" means the business of selling, leasing, repairing, parking, storing, servicing, delivering, or testing vehicles.
11. "**Property damage**" means physical damage to, destruction of, or loss of use of tangible property.
12. "**Relative**" means a person residing in the same household as **you**, and related to **you** by blood, marriage, or adoption, and includes a ward, stepchild, or foster child. **Your** unmarried dependent children temporarily away from home will qualify as a **relative** if they intend to continue to reside in **your** household.
13. "**Replacement off-road vehicle**" means an **off-road vehicle**, including a motorcycle, that permanently replaces an **off-road vehicle** shown on the **declarations page**. A **replacement off-road vehicle** will have the same coverage as the **off-road vehicle** it replaces if the **replacement off-road vehicle** is not covered by any other insurance policy. However, if the **off-road vehicle** being replaced had coverage under Part IV - Damage To A Motorcycle, such coverage will apply to the **replacement off-road vehicle** only during the first 30 days after **you** become the owner unless **you** notify **us** within that 30-day period that **you** want **us** to extend coverage beyond the initial 30 days. If the **off-road vehicle** being replaced did not have coverage under Part IV - Damage To A Motorcycle, such coverage may be added, but the **replacement off-road vehicle** will have no coverage under Part IV until **you** notify **us** of the **replacement off-road vehicle** and ask **us** to add the coverage. If **you** decide to add any coverage to this policy or increase **your** limits, these changes to **your** policy will not become effective until after **you** ask **us**, and **we** have agreed, to add the coverage or increase **your** limits.
14. "**Segway®**" means a Segway® Personal Transporter.
15. "**Snowmobile**" means any motorized device that:
 - a. is designed for use mainly off public roads on snow or ice;
 - b. has ski-like runners in front;
 - c. is propelled by means of a revolving track;
 - d. has completely open-air driver's seating; and
 - e. has a motorcycle hand-grip steering device.
16. "**Trailer**" means a non-motorized trailer or sled designed to be towed by a **covered off-road vehicle**.
17. "**Transport trailer**" means a non-motorized trailer designed to be towed on public roads by a land motor vehicle and principally designed for transporting a **covered off-road vehicle**.
18. "**We**", "**us**", and "**our**" mean the underwriting company providing the insurance, as shown on the **declarations page**.
19. "**You**" and "**your**" mean:
 - (i) a person shown as a named insured on the **declarations page**; and
 - (ii) the spouse of a named insured if residing in the same household.

2. Part III - Uninsured/Underinsured Motorist Coverage

Additional Definitions

- (a) The following item is deleted from the definition of "**underinsured motor vehicle**":

An "**underinsured motor vehicle**" does not include any vehicle or equipment operated on rails or crawler treads.

- (b) The following item is deleted from the definition of "**uninsured motor vehicle**":

An "**uninsured motor vehicle**" does not include any vehicle or equipment operated on rails or crawler treads.

All other terms, limits, and provisions of this policy remain unchanged.

(Programming note: This section will produce on first page and all subsequent pages if form spans more than one page. Headings and variable data will only produce if data is available. Insert in variable 1 Policy Number, variable 2 Name insured name, variable 3 Additional insured name and page numbers in variables 4 and 5. Middle initial and suffix will produce in name fields if available. If form produces for FAOIT or Blank forms the "Policy Number" text only will appear. If form produces for E-sign the page numbers do not produce.)

Policy Number: <xxxxxxxx>
<xxxxxx x xxxxxx xxx>
<xxxxxx x xxxxxx xxx>
Page <x> of <x>

Enhanced Injury Protection Endorsement

Part II of **your** policy is amended as follows:

(a) The following Insuring Agreement is added:

Insuring Agreement - Enhanced Injury Protection Coverage

If **you** pay the premium for this coverage, **we** will pay the following benefits because of **bodily injury** that **you** sustain in a motor vehicle accident while operating or riding on a **motorcycle**:

1. the income, up to the weekly maximum shown on the **declarations page**, that **you** lose as a direct result of the **bodily injury**, if **we** determine that **your bodily injury** prevents **you** from working in an occupation in which **you** were employed and earning or producing income as of the date of the accident; and
2. a death benefit if **we** determine that **you** die as a direct result of the **bodily injury**.

The income loss benefit under this coverage is payable to **you**. Accrued weekly benefits are payable every four weeks. **We** will pay the weekly benefit until the earliest of the following occurs:

- a. two years have passed since the accident that caused the **bodily injury to you**;
- b. the **bodily injury** that **you** sustained in the accident no longer prevents **you** from working in an occupation in which **you** were employed and earning or producing income as of the date of the accident; or
- c. **you** die.

The death benefit under this coverage is payable to the surviving spouse of the covered person who died. The spouse must have resided in the same household as the covered person at the time of both the:

- a. accident in which the **bodily injury** directly causing death was sustained; and
- b. death of the covered person.

However, if the covered person is a minor with no spouse or children, the death benefit is payable to either parent, at **our** option. The parent must have resided in the same household as the covered person at the time of the accident in which the **bodily injury** directly causing death was sustained. In all other cases, the benefit is payable to the estate of the covered person.

We have the right, and must be given the opportunity, to request an autopsy where it is not prohibited by law.

No potential loss payee's consent is required for cancellation, assignment, nonrenewal, voiding or any other change under this coverage.

(b) The following is added to the Limits of Liability provision:

The limit of liability shown on the **declarations page** for the income loss benefit under Enhanced Injury Protection Coverage is the most **we** will pay for each person entitled to that benefit regardless of the number of:

1. claims made;
2. **covered motorcycles**;
3. covered persons;
4. lawsuits brought;
5. vehicles involved in the accident; or
6. premiums paid.

The limit of liability shown on the **declarations page** for the death benefit under Enhanced Injury Protection Coverage is the most **we** will pay for each covered death regardless of the number of:

1. claims made;
2. **covered motorcycles**;
3. covered persons;
4. lawsuits brought;
5. vehicles involved in the accident; or
6. premiums paid.

All other terms, limits and provisions of this policy remain unchanged.

Carried ContentsSM Coverage Endorsement

Part IV of **your** policy is modified as follows:

1. The following is added:

INSURING AGREEMENT - CARRIED CONTENTS COVERAGE

If **you** pay the premium for this coverage, **we** will pay for **covered loss** to **carried contents** that occurs while such property is being carried or stored on or in:

- a. a **covered motorcycle** for which Carried Contents Coverage is shown on the **declarations page**; or
 - b. a **trailer** while attached to a **covered motorcycle** for which Carried Contents Coverage is shown on the **declarations page**.
2. The following definitions apply to Carried Contents Coverage:
 - a. **"Covered loss"** means:
 - i. sudden, direct, and accidental loss to **carried contents** that occurs at the time of a loss to a **covered motorcycle**, if that loss to the **covered motorcycle** is covered under Collision Coverage or Comprehensive Coverage;
 - ii. theft of **carried contents** from:
 - (1) a **covered motorcycle** for which Carried Contents Coverage is shown on the **declarations page**; or
 - (2) a **trailer** while attached to a **covered motorcycle** for which Carried Contents Coverage is shown on the **declarations page**; and
 - iii. sudden, direct, and accidental loss to **safety riding apparel**.
 - b. **"Carried contents"** means any personal property owned by, or lawfully in the possession of, **you** or a **relative**, other than:
 - i. deeds, documents, records, bills, money, negotiable instruments, notes, securities, or other evidence of debt;
 - ii. any property principally used in a business;
 - iii. any property held for rental to others by **you** or a **relative**;
 - iv. animals (including birds and fish);
 - v. any property located within the permanent or primary residence of **you**, a **relative**, or the owner of the **carried contents**; and
 - vi. antiques, fine arts, liquor or furs;
 - vii. vehicles; and
 - viii. **accessories** that are not **safety riding apparel**.
 3. The Exclusions in Part IV of **your** policy do not apply to Carried Contents Coverage. Instead, the following exclusions apply:

Coverage under Carried Contents Coverage will not apply for loss to any property:

1. while being carried on or in any vehicle while being used:
 - a. to carry or escort persons or property for compensation or a fee; or
 - b. for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food.This exclusion does not apply to ride-share arrangements or to use of a **motorcycle** for charitable events;
2. for which insurance:
 - a. is afforded under a nuclear energy liability insurance contract; or
 - b. would be afforded under a nuclear energy liability insurance contract but for its termination upon exhaustion of its limit of liability;
3. caused by an intentional act committed by or at the direction of **you**, a **relative**, or the owner of the **carried contents**, even if the actual damage is different than that which was intended or expected;
4. while being carried or stored on or in any **motorcycle** while the **motorcycle** is leased or rented to others or given in exchange for compensation. This exclusion does not apply to the operation of a **covered motorcycle** by **you** or a **relative**;
5. due to destruction or confiscation by any governmental or civil authority of any property because **you**, any **relative**, or the owner of the **carried contents** engaged in illegal activities;
6. that is due and confined to:

- a. wear and tear;
 - b. prior loss or damage; or
 - c. mechanical, electrical, or electronic breakdown or failure.
7. for diminution of value;
8. caused directly or indirectly by:
- a. war (declared or undeclared) or civil war;
 - b. warlike action by any military force of any government, sovereign or other authority using military personnel or agents. This includes any action taken to hinder or defend against an actual or expected attack; or
 - c. insurrection, rebellion, revolution, usurped power, or any action taken by a governmental authority to hinder or defend against any of these acts;
9. caused directly or indirectly by:
- a. any accidental or intentional discharge, dispersal or release of radioactive, nuclear, pathogenic or poisonous biological material; or
 - b. any intentional discharge, dispersal or release of chemical or hazardous material for any purpose other than its safe and useful purpose;
10. caused by, or reasonably expected to result from, a criminal act or omission of **you**, a **relative**, or the owner of the **carried contents**. This exclusion applies regardless of whether **you**, the **relative**, or the owner of the **carried contents** is actually charged with, or convicted of, a crime. For purposes of this exclusion, criminal acts or omissions do not include traffic violations;
11. while being carried or stored on or in an **additional motorcycle**, **replacement motorcycle**, or **trailer** attached thereto; or
12. resulting in, arising out of, or related to any of the following:
- a. consequential damages;
 - b. the cost of recreating any records or documentation; or
 - c. business interruption.
4. The Limits of Liability provision in Part IV of your policy does not apply to Carried Contents Coverage. Instead, the following Limits of Liability provision applies:
1. The aggregate limit of liability for **covered loss** under Carried Contents Coverage will be the lowest of:
 - a. the amount shown on the **declarations page** for Carried Contents Coverage reduced by the applicable deductible;
 - b. the cost of repairing the item or items reduced by the applicable deductible; or
 - c. the cost of replacing the item or items reduced by the applicable deductible.
 2. The limit in any one **covered loss** for the combined loss to all **carried contents** not owned by **you** or a **relative** is \$500 reduced by the applicable deductible.
 3. Payments for **covered loss** under Carried Contents Coverage are subject to the following provisions:
 - a. In determining the amount necessary to repair damaged property to its pre-loss condition, the amount to be paid by **us**:
 - (i) will not exceed the prevailing competitive labor rates charged in the area where the property is to be repaired and the cost of repair or replacement parts and equipment, as reasonably determined by **us**; and
 - (ii) will be based on the cost of repair or replacement parts and equipment which may be new, reconditioned, remanufactured, or used, including, but not limited to:
 - (a) original manufacturer parts or equipment; and
 - (b) nonoriginal manufacturer parts or equipment.
 - b. **We** may make reductions for unrepaired prior damage in determining the amount of loss.
 - c. The actual cash value is determined by the market value, age and condition of the property at the time the loss occurs.
 - d. No deductible shall apply under Carried Contents Coverage if **you** have incurred a deductible under Comprehensive Coverage or Collision Coverage in the same loss, or would have incurred such a deductible but for the application of Disappearing Deductibles.
 - e. Subject to all other applicable limits of liability, **our** limit of liability under Carried Contents Coverage for loss to part of a pair, set or series of objects, pieces or panels is the lowest of:
 - (i) the cost to repair or replace the part that restores the pair, set or series to its pre-loss condition; or

(ii) the cost of a substitute part that reasonably matches the remainder of the pair, set or series.

We have no obligation to repair or replace the entire pair, set or series if only a portion is lost or damaged.

4. Duplicate recovery for the same elements of damages is not permitted.

All other terms, limits and provisions of this policy remain unchanged.

Form A071 (03/12)

Motorcycle Policy Endorsement

Your policy is amended as follows:

1. General Definitions

- (a) The General Definition of "**Additional motorcycle**" is deleted and replaced by the following:

"**Additional motorcycle**" means a **motorcycle** or **off-road vehicle** you become the owner of during the policy period that does not permanently replace a **motorcycle** shown on the **declarations page** if:

- a. **we** insure all other **motorcycles** you own;
- b. the **additional motorcycle** is not covered by any other insurance policy;
- c. **you** notify **us** within 30 days of becoming the owner of the **additional motorcycle**; and
- d. **you** pay any additional premium due.

An **additional motorcycle** will have the broadest coverage **we** provide for any **motorcycle** shown on the **declarations page** other than Total Loss Coverage or Agreed Value Coverage. **We** will provide basic Comprehensive Coverage and Collision Coverage for the **additional motorcycle** instead of Total Loss Coverage or Agreed Value Coverage. If **you** decide to add any coverage to this policy or increase **your** limits, these changes to **your** policy will not become effective until after **you** ask **us**, and **we** have agreed, to add the coverage or increase **your** limits. If **you** ask **us** to insure an **additional motorcycle** more than 30 days after **you** become the owner, any coverage **we** provide will begin at the time **you** request coverage.

- (b) The General Definition of "**Replacement motorcycle**" is deleted and replaced by the following:

"**Replacement motorcycle**" means a **motorcycle** or **off-road vehicle** that permanently replaces a **motorcycle** shown on the **declarations page**. A **replacement motorcycle** will have the same coverage as the **motorcycle** it replaces if the **replacement motorcycle** is not covered by any other insurance policy. However:

- a. if the **motorcycle** being replaced had coverage under Part IV - Damage To A Motorcycle, such coverage will apply to the **replacement motorcycle** only during the first 30 days after **you** become the owner unless **you** notify **us** within that 30-day period that **you** want **us** to extend coverage beyond the initial 30 days; and
- b. if the **motorcycle** being replaced had Total Loss Coverage or Agreed Value Coverage, **we** will provide basic Comprehensive Coverage and Collision Coverage for the **replacement motorcycle** instead of Total Loss Coverage or Agreed Value Coverage.

If the **motorcycle** being replaced did not have coverage under Part IV - Damage To A Motorcycle, such coverage may be added, but the **replacement motorcycle** will have no coverage under Part IV until **you** notify **us** of the **replacement motorcycle** and ask **us** to add the coverage. If **you** decide to add any coverage to this policy or increase **your** limits, these changes to **your** policy will not become effective until after **you** ask **us**, and **we** have agreed, to add the coverage or increase **your** limits.

2. Part IV - Damage To A Motorcycle

- (a) The Insuring Agreement - Total Loss Coverage is deleted and replaced by the following:

Insuring Agreement - Total Loss Coverage

If **we** determine there is a total loss to a **motorcycle** shown on the **declarations page** and **you** have paid the premium for this coverage for that **motorcycle**, then subsection 1. of the Limits of Liability provision under this Part IV will not apply to that total loss and the following shall apply instead:

1. The limit of liability for a total loss to a **motorcycle** shown on the **declarations page** for which Total Loss Coverage has been purchased is as follows:
 - a. **we** will pay the Manufacturer Suggested Retail Price of a current model year **motorcycle** that is the same make and model as the **motorcycle** for which this coverage is shown on the **declarations page**. If such a current model year **motorcycle** is not available, **we** will pay the Manufacturer Suggested Retail Price of a current model year **motorcycle** that is the make and model **we** determine to be the most comparable to the

motorcycle for which this coverage is shown on the **declarations page**. In either case, **our** payment will be reduced by the applicable deductible.

Total Loss Coverage is not available for any **motorcycle** with a model year more than two years old at the time **your** policy renews. If a **covered motorcycle** has a model year more than two years old at the time **your** policy renews, Total Loss Coverage will not apply to that **motorcycle** and will not be shown on the **declarations page** for that **motorcycle**. Instead, subsection 1. of the Limits of Liability provision under this Part IV will apply to that **motorcycle**.

(b) The following is added to Part IV:

Insuring Agreement - Disappearing Deductibles

If Disappearing Deductibles is shown on the **declarations page**, then the following is added to the Limits of Liability provision under this Part IV of **your** policy:

If, during any policy period, **you** do not have a loss under Part IV for which **we** have paid any amount for any **motorcycle**, other than a loss to only **accessories**, then:

1. any deductible for Collision Coverage and Comprehensive Coverage shall be reduced for the following policy period by 25%; and
2. no deductible for Collision Coverage and Comprehensive Coverage will apply for the fifth policy period and thereafter if **you** do not have any losses during the previous four consecutive policy periods.

If **you** have a loss at any time for which **we** make a payment under this Part IV for any **motorcycle**, other than a loss to only **accessories**, then the most recent elected deductible for Collision Coverage and Comprehensive Coverage will be restored for the subsequent policy period. Thereafter, the deductible may again be reduced if the conditions set forth above are satisfied.

Reductions and increases in the deductible under this provision shall apply to all **covered motorcycles** for which Disappearing Deductibles is shown on the **declarations page**.

The provisions in this policy regarding Disappearing Deductibles will reduce or eliminate the deductible for loss to a **covered motorcycle** only if the **declarations page** shows Disappearing Deductibles for that **covered motorcycle**.

(c) Subsection 1. of the Limits of Liability provision is deleted and replaced by the following:

1. The limit of liability for loss to a **covered motorcycle** or **non-owned motorcycle** is the lowest of:
 - a. the actual cash value of the stolen or damaged property at the time of the loss reduced by the applicable deductible;
 - b. the amount necessary to replace the stolen or damaged property reduced by the applicable deductible; or
 - c. the amount necessary to repair the damaged property to its pre-loss condition reduced by the applicable deductible.

(d) Subsection 2. of the Limits of Liability provision is deleted and replaced by the following:

2. The limit of liability for loss to **your** owned **transport trailer** is the lowest of:
 - a. the amount necessary to replace the stolen or damaged property reduced by the applicable deductible;
 - b. the amount necessary to repair the damaged property to its pre-loss condition reduced by the applicable deductible; or
 - c. any applicable Limits of Liability shown on the **declarations page** reduced by the applicable deductible.

(e) Subsection 4. of the Limits of Liability provision is deleted and replaced by the following:

4. If **your declarations page** shows an Agreed Value for Comprehensive Coverage and Collision Coverage for a **covered motorcycle**, then subsection 1. of this Limits of Liability provision shall not apply to a loss to that **covered motorcycle** and the following provision shall apply instead:
 1. The limit of liability for loss to a **covered motorcycle** with an Agreed Value is the lower of:
 - a. the amount necessary to repair the damaged property to its pre-loss condition reduced by the applicable deductible; or
 - b. the Agreed Value shown on the **declarations page** reduced by the applicable deductible.
 - (f) Subsection 5.d. of the Limits of Liability provision is deleted and replaced by the following:

5.d. **We** may make reductions for unrepaired prior damage in determining the amount of loss.
 - (g) **Loss Payee Agreement**

The first sentence of the Loss Payee Agreement is deleted and replaced by the following:

If a **covered motorcycle** is deemed by **us** to be a total loss, payment under this Part IV will be made according to **your** interest and the interest of any Loss Payee or lienholder shown on the **declarations page** or designated by **you**.

3. **Part VII - General Provisions**

- (a) The Cancellation section is deleted and replaced by the following:

CANCELLATION

You may cancel this policy during the policy period by calling or writing **us** and stating the future date **you** wish the cancellation to be effective.

We may cancel this policy during the policy period by mailing a notice of cancellation to the named insured shown on the **declarations page** at the last known address appearing in **our** records.

We will give at least 10 days notice of cancellation if the policy is cancelled for nonpayment of premium.

We will give at least 30 days notice of cancellation in all other cases.

We may cancel this policy for any reason, including, without limitation, one or more of the following reasons:

1. nonpayment of premium;
2. failure to pay dues or fees where payment of dues or fees is a prerequisite to obtaining or continuing insurance coverage in force;
3. discovery of fraud or material misrepresentation made by or with the knowledge of **you** in obtaining, continuing, or presenting a claim under the policy;
4. actions by **you** which substantially change or increase the risk insured;
5. **you** have acted in a manner which **you** knew or should have known was in violation or breach of a term or condition of the insurance policy or contract; or
6. the occurrence of a change in the risk that substantially increases a hazard insured against after insurance coverage has been issued or renewed.

Policy Number: <XXXXXXXXXX>

<XXXXXX X XXXXXXX XXX>

<XXXXXX X XXXXXXX XXX>

Page <X> of <X>

Proof of mailing will be sufficient proof of notice. If this policy is cancelled, coverage will not be provided as of the effective date and time shown in the notice of cancellation. For purposes of cancellation, this policy is neither severable nor divisible. Any cancellation will be effective for all coverages for all persons and all vehicles.

All other terms, limits, and provisions of this policy remain unchanged.

Form Z830 IA (07/13)

SERFF Tracking #:

PRGS-129122502

State Tracking #:**Company Tracking #:**

2013-IA-MC-R11

State:

Iowa

First Filing Company:

Progressive Northern Insurance Company, ...

TOI/Sub-TOI:

19.0 Personal Auto/19.0002 Motorcycle

Product Name:

Motorcycle

Project Name/Number:

IA MC R11/2013-IA-MC-R11

Supporting Document Schedules

Satisfied - Item:	Filing Fee Information
Comments:	Progressive Northern and Progressive Universal Insurance Companies are domiciled in the State of Wisconsin, which does not require a filing fee. Retaliatory filing fees are not applicable for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Comparison Documents
Comments:	
Attachment(s):	6489.IA.0210.MC.Comparison 1204 to 0210.pdf 4868.IA.0613.MC.Comparison 0711 to 0613.pdf Z565.XX.0310.Comparison to Z565 IA 0508.pdf
Item Status:	
Status Date:	

<Return to name 1 >
< * Return to name 2 >
<Return address 1 >
< * Return address 2 >
<Return address city, state zip >

<Mail to name 1 >
< * Mail to name 2 >
<Mail to address 1 >
< * Mail to address 2 >
<Mail to Foreign Address >
<Mail to city, state zip >

<Risk Type> Insurance Coverage Summary

This is your Declarations Page

This is a copy of your
Declarations Page

This is your Renewal
Declarations Page

This is your revised Renewal
Declarations Page

Your policy period has changed

Your coverage has changed

Your policy information has changed

Logo

Policy number: <Policy Number>

Underwritten by:
<Underwriting Company Name>
<Reference number description> <1X>
<1 Month DD, CCYY>
Policy Period: <2 Mon DD, CCYY> – <3 Mon DD, CCYY>
Page <4X> of <5X>

<1 X-XXX-XXX-XXXX>

<Agency name>
<* Agent name>
Contact your <broker/agent> for personalized service.

<Progressive Brand Website URL>

Online Service
Make payments, check billing activity, update
policy information or check status of a claim.

<X-XXX-XXX-XXXX>

To report a claim.

<X-XXX-XXX-XXXX>

For customer service and claims service,
24 hours a day, 7 days a week.

1-800-PROGRESSIVE (1-800-776-4737)

For customer service and claims service,
24 hours a day, 7 days a week.

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

Your coverage <1 begins/began> on <2 Month DD, CCYY> at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on <3 Month DD, CCYY> at 12:01 a.m.

Your coverage <1 begins/began> on <2 Month DD, CCYY > at 12:01 a.m. This policy expires on <3 Month DD, CCYY > at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a <Risk Type description> may not be combined with the limits for the same coverage on another <Risk Type description>. The policy contract is form <1x 9999 ST (MM/YY)>. The contract is modified by <2x> <3x 9999 ST (MM/YY)>.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a <Risk Type description> may not be combined with the limits for the same coverage on another <Risk Type description>. The policy contract is form <1x 9999 ST (MM/YY)>.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a <Risk Type description> may not be combined with the limits for the same coverage on another <Risk Type description>. The policy contract is form <1x 9999 ST (MM/YY)>. The contract is modified by <2x> <3x 9999 ST (MM/YY)>.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a <Risk Type description> may not be combined with the limits for the same coverage on another <Risk Type description>. The policy contract is form <1x 9999 ST (MM/YY)>.

A paid in full discount is included in your renewal policy premium.
 <Underwriting Company Name> is a stock company (NYSE: PGR).

Policy changes effective <Month DD, CCYY>

Changes requested on: <1X Mmm DD, CCYY> <2X XX:XX x.x.>

Requested by: <NAME OF THE ENDORSEMENT REQUESTOR>

Premium change: <-\$XXX,XXX.XX>

Changes: <Description of the endorsement changes>
 <Description of the endorsement changes>

Drivers and household residents

Additional information

<Driver Full Name> <* Additional driver information>

Outline of coverage

General policy coverage	Limits	Deductible	Premium
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	<2 X,XXX,XXX >

<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	<2 X,XXX,XXX >
<Policy level coverage description 2 >	<Policy level limit 2 >	<3X>	
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	
<Policy level coverage description 2 >	<Policy level limit 2 >	<2X>	<3 X,XXX,XXX >
<Policy level coverage description 1 >	Rejected		--
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	free
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	free
<Policy level coverage description 2 >	<Policy level limit 2 >	<2X>	
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	included
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	included
<Policy level coverage description 2 >	<Policy level limit 2 >	<2X>	
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	
Total general policy coverage			<1 \$X,XXX,XXX>
Total general policy coverage			--

<1X> <2X> <3X> Engine displacement: <Vehicle total engine size> cc's
 VIN <Vehicle VIN>

<Vehicle model year> <Vehicle make> <Vehicle model>
 VIN <Vehicle VIN>

	Limits	Deductible	Premium
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 2 >	<Vehicle level coverage limit 2 >	<3X>	
<Vehicle level coverage description 1 >	Rejected		--
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	free
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	included
Total premium for <Vehicle model year> <Vehicle make> < * Vehicle surcharge>			<1 \$X,XXX,XXX>
Subtotal policy premium			<1 \$X,XXX,XXX>
<Fee description>			<1X X,XXX,XXX>

.....
Total <Policy term length> month policy premium <2X> **<1 \$X,XXX,XXX>**

 Discount if paid in full <-1 X,XXX,XXX>

Total <Policy term length> month policy premium if paid in full <3X> **<2 \$X,XXX,XXX>**

Premium discount

Premium discounts

Policy

 <Policy number> <Policy level discount description>
 Driver

 <Discount Driver Full Name> <Driver discount description>
 Vehicle

 <Discount Vehicle Year> <Discount Vehicle Make> <Vehicle discount description>
 <Discount Vehicle Model>

Lienholder and Additional Interest information

Lienholder information

Additional Interest information

Vehicle	Lienholder	Additional interest
..... <1><2><3> <4>	< * Lienholder Name> < * Lienholder City, State ZIP>	< * Vehicle Additional interest Name> < * Vehicle Additional interest City, State ZIP>
	< * Lienholder Name 2> < * Lienholder City, State ZIP 2>	< * Vehicle Additional interest Name 2> < * Vehicle Additional interest City, State ZIP 2>
Vehicle	Lienholder	
..... <1><2><3> <4>	< * Lienholder Name> < * Lienholder City, State ZIP>	
	< * Lienholder Name 2> < * Lienholder City, State ZIP 2>	
Vehicle	Additional interest	
..... <1><2><3> <4>	< * Vehicle Additional interest Name> < * Vehicle Additional interest City, State ZIP>	

< * Vehicle Additional interest Name 2>
< * Vehicle Additional interest City, State ZIP 2>

Additional interest information

Additional Interest: <Policy Additional interest Name>
<Policy Additional interest Street>
<Policy Additional interest City, State ZIP>

Important information about Accessories on your motorcycle/off-road vehicle

Coverage for physical damage to your motorcycle/off-road vehicle extends only to the vehicle as it comes from the factory. Accessories added on at the dealership or by an individual, and therefore not provided as original equipment by the manufacturer, are not considered part of the vehicle as delivered from the factory. ~~If you have purchased comprehensive or collision coverage, we provide up to \$3000 of accessory coverage at no additional charge to you.~~ Comprehensive Coverage and Collision Coverage include \$3000 of accessory coverage. Please review the value of the accessories on your vehicle. Should you wish to purchase coverage for more accessories, additional accessory coverage is available ~~at very reasonable rates.~~

Deductibles

All physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible. Loss to only accessories will not be subject to a deductible.

Company officers

< * First Company officer signature> < * Second Company officer signature>
< * First Company officer's title> < * Second Company officer's title>

Application for Insurance

Please review, sign where

indicated and return

Please review and sign where

indicated

Policy number: <Policy number>

<Named Insured/Named Insureds>:

<Named Insd Full Name>

<* Second Named Insd Full Name>

<1 Month, DD, CCYY>

Page <1X> of <2X>

Policy and premium information for policy number <Policy number>

Policy and premium information

Insurance company: <Underwriting company name>
<Underwriting company street address>
<Underwriting company city>, <Underwriting company state> <Underwriting company ZIP code>

<Broker/Agent>: <Agent name>
<Agency name>
<Agency street address 1 >
<Agency city>, <Agency state> <Agency ZIP code>
<Agent Code without prefix>
<X-XXX-XXX-XXXX>

<Broker/Agent> : <Agency name>
<Agency street address 1 >
<Agency city>, <Agency state> <Agency ZIP code>
<Agent Code without prefix>
<X-XXX-XXX-XXXX>

<1 X>: <Named Insured Full Name>
< * Second Named Insured Full Name>
<Named insured street address 1 >
< * Named insured street address 2 >
<Named insured Foreign Address>
<Named insured city>, <Named insured state> <Named insured ZIP code>
e-mail address: < * Customer email address>
Home: < * 2 X-XXX-XXX-XXXX>
Work: < * 3 X-XXX-XXX-XXXX>

Financial responsibility vendor: <Credit vendor name>
<X-XXX-XXX-XXXX>

Policy period: <1 Mon, DD CCYY> - <2 Mon, DD CCYY>

Effective date and time: <3 Mon, DD CCYY> at <4 HH:MM X.X.>

Total policy premium: <5 \$XX,XXX,XXX,XXX>

Initial payment required: <6 \$XXX,XXX.XX>

Initial payment received: <7 \$XX,XXX.XX>

Payment plan: <Selected payment plan>

Your policy will be effective when your required initial payment is received by your <broker/agent> or at a later date of your choice.

.....
 Total policy premium: <1 \$XX,XXX,XXX,XXX>

.....
 Initial payment required: <2 \$XXX,XXX.XX>

.....
 Payment plan: <Selected payment plan>

.....
 Your policy will be effective when your required initial payment is received or at a later date of your choice.

.....
 Total policy premium: <1 \$XX,XXX,XXX,XXX>

.....
 Initial payment required: <2 \$XXX,XXX.XX>

.....
 Payment plan: <Selected payment plan>

Drivers and household residents

All household residents who operate the vehicles described in the application, all operators that have an ownership interest in any of these vehicles and any other regular operator of these vehicles are listed below.

Name	Date of birth	Sex	Marital status	Relationship
------	---------------	-----	----------------	--------------

.....
 <Driver Full Name> <1 Mon DD, CCYY> <Driver Gender> <Driver Marital Status> <2 X>

License status: <Driver's license status>

Principal vehicle: <Year of Driver's primary vehicle> <Make of Driver's primary vehicle> <Model of Driver's primary vehicle>

Education level: <Driver education description>

Driver filing

Name

<Driver Filing Full Name>

.....
 Filing type: <Filing Type> <*Filing Type 2> <*Filing Type 3 > <*Filing Type 4>

State: <Filing State > <*Filing State 2> <*Filing State 3> <*Filing State 4>

Case number: <*Filing Case> <*Filing Case 2> <*Filing Case 3> <*Filing Case 4>

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

General policy coverage

	Limits	Deductible	Premium
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X >	<2 X,XXX,XXX>
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X >	<2 X,XXX,XXX>
<Policy level coverage description 2 >	<Policy level limit 2 >	<3X >	
<Policy level coverage description 1 >	<Policy level limit 1 >		free
<Policy level coverage description 1 >	<Policy level limit 1 >		included
<Policy level coverage description 1 >	< Policy level limit 1 >	<1X>	included
<Policy level coverage description 2 >	< Policy level limit 2 >	<2X>	
<Policy level coverage description 1 >	< Policy level limit 1 >	<1X>	
<Policy level coverage description 1 >	<Policy level limit 1 >	<1X>	
<Policy level coverage description 2 >	<Policy level limit 2 >	<2X>	<3 X,XXX,XXX>
<Policy level coverage description 1 >	< Policy level limit 1 >	<1X>	<2 X,XXX,XXX>

.....
 Total premium for general policy coverage <1 \$X,XXX,XXX>

.....
 Total premium for general policy coverage --

<Vehicle Year> <Vehicle Make> <Vehicle Model> <*Vehicle Body Type> CC: <Engine Size>

VIN: <Vehicle Identification Number>

Garaging Zip Code: < Vehicle garaging ZIP code > State: <Vehicle garaging state> Use: <Vehicle Use>

	Limits	Deductible	Premium
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 1 >	*	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 1 >	<1 \$XX,XXX>	<2X>	<3 X,XXX,XXX>
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 2 >	<Vehicle level coverage limit 2 >	<3X>	
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >		free
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >		included
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >		included
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	included
<Vehicle level coverage description 2 >	<Vehicle level coverage limit 2 >	<2X>	
<Vehicle level coverage description 1 >	<Vehicle level coverage limit 1 >	<1X>	
<Vehicle level coverage description 1 >	<Vehicle level limit 1 >	<1X>	
<Vehicle level coverage description 2 >	<Vehicle level limit 2 >	<2X>	<3 X,XXX,XXX>
<Vehicle level coverage description 1 >	<Vehicle level limit 1 >	<1X>	<2 X,XXX,XXX>
<Vehicle level coverage description 1 >	<Vehicle level limit 1 >	<1X>	
<Vehicle level coverage description 2 >	<2 \$XX,XXX>	<3X>	<4 X,XXX,XXX>
Total premium for <Vehicle model year> <Vehicle make>			<1 \$X,XXX,XXX>
Subtotal policy premium			<1 \$X,XXX,XXX>
<Fee description 1 >			<1X X,XXX,XXX>
Total <Policy term length> month policy premium, with paid in full discount <XXX XXXX>			<1 \$X,XXX,XXX >
Total <Policy term length> month policy premium <XXX XXXX>			<1 \$X,XXX,XXX >

Premium discount

Premium discounts

Policy

<Policy number>

<Policy level discount description>

Driver

<Discount Driver Full Name>

<Driver discount description>

Vehicle

<Discount Vehicle Year> <Discount Vehicle Make>
 <Discount Vehicle Model>

<Vehicle discount description>

Driving history

Driving history continued

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless [the accident is under an applicable payment threshold](#) or we receive additional information from you or another source that proves the accident was ~~non-chargeable~~ [not-at-fault](#). We obtain driving history from the following sources:

- Your application (APP)
- Motor Vehicle Reports and/or count data(MVR) - provided by a consumer reporting agency
- Progressive claims history (PROG)

<Branded Company Name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Driver and Description

Date

Source/Consumer reporting agency

<Violation Driver Full Name>
 <Violation Description>

<Mon DD, CCYY>

<All sources/reporting vendor names>

<Violation Driver Full Name>
 <Violation Description>

<Mon DD, CCYY>

<All sources/reporting vendor names>

(no points charged)

[The company may consider claims history of the insured in determining whether to decline, cancel, nonrenew, or surcharge this policy.](#) Any claim made under this policy will be reported to an insurance support organization.

Lienholder and Additional Interest information

Lienholder information

Additional Interest information

Vehicle

Lienholder

Additional interest

<1> <2> <3>
 <4>

< * Lienholder Name>
 < * Lienholder City, State ZIP>

< * Vehicle Additional interest Name>
 < * Vehicle Additional interest City, State ZIP>

< * Lienholder Name 2>
 < * Lienholder City, State ZIP 2>

< * Vehicle Additional interest Name 2>
 < * Vehicle Additional interest City, State ZIP 2>

Vehicle	Lienholder
<1> <2> <3> <4>	< * Lienholder Name > < * Lienholder City, State ZIP >
	< * Lienholder Name 2 > < * Lienholder City, State ZIP 2 >

Vehicle	Additional interest
<1> <2> <3> <4>	< * Vehicle Additional interest Name > < * Vehicle Additional interest City, State ZIP >
	< * Vehicle Additional interest Name 2 > < * Vehicle Additional interest City, State ZIP 2 >

Additional interest information

Additional Interest:	<Policy Additional interest Name > <Policy Additional interest Street > <Policy Additional interest City, State ZIP >
----------------------	---

Notice regarding accessory coverage

Subject to your limits of liability, if you have paid a premium for Comprehensive Coverage or Collision Coverage and you do not have Agreed Value on your motorcycle or off-road vehicle, you will receive coverage for any loss arising from theft or damage to any accessory attached to your motorcycle or off-road vehicle up to \$3,000. "Accessory coverage" means equipment, devices, enhancements, and changes, other than those that are original manufacturer installed, which alter the appearance or performance of a covered vehicle.

Please be aware that accessories may have been added to your ~~motorcycle or off road~~ vehicle by any previous owner, including a dealership. In this event, the cost for any accessory may have been included in the purchase price of the ~~motorcycle or off road~~ vehicle. If the total value of any your accessory exceeds \$3,000, you may wish to purchase additional coverage. This coverage is available for an additional premium and affords protection for up to \$30,000 worth of accessories.

Notice regarding Uninsured/Underinsured Motorist Coverage

Uninsured/Underinsured Motorist Coverage does not cover damage done to your vehicle. It provides benefits only for bodily injury caused by an uninsured or underinsured motorist. If you wish to be insured for damage done to your vehicle, you must have collision coverage. Please check your policy to make sure you have the coverage desired.

Application agreement

Verification of content

I ~~affirm~~ declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

~~I affirm that~~ Acknowledgement and agreement

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

~~I agree that the maximum limit of liability for Comprehensive and Collision Coverage (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, if the vehicle does not have Agreed Value.~~

I agree that the maximum limit of liability for Comprehensive Coverage and Collision Coverage (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, ~~less the deductible, or the amount displayed on the declarations page, whichever is less;~~ unless either of the Total Loss Coverage or Agreed Value Coverage options ~~are~~ is selected, in which case the maximum limits are determined as provided for in the policy contract.

If I have purchased Agreed Value Coverage, ~~I agree that the maximum limit of liability for Comprehensive and Collision Coverage is the Agreed Value as listed in the Outline of coverage section of this application.~~ I understand that I must maintain the necessary paperwork (~~appraisal,~~ photos, title of vehicle, and all receipts) used in determining the ~~dollar value for the~~ Agreed Value of each vehicle. In the event of a loss, this information will be required to settle a claim.

All physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible.

Other charges

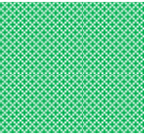
I understand that if I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when

due, any refund due will be computed on a 90% of a daily pro rata basis. This is an accelerated method of calculating earned premium on cancellations. For all other cancellations, any refund due will be computed on a daily pro rata basis.

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of <1 \$XX,XXX.XX> will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of <1 \$XX,XXX.XX > during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <Payment postmark days> days after the premium due date. The amount of this fee may change upon policy renewal.



Applicant signature

I represent that I, <Named insured Full Name>, am the person identified as the named insured and the first driver in the Drivers and household residents section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.



I understand that my name already appears in the signature line below because I chose to electronically sign this application.

Signature of named insured

Date

X < * 1 E-sign Full Name>

< * 2 Month DD, CCYY>

Iowa Off-Road Vehicle Coverage Endorsement

For purposes of this Off-Road Vehicle Coverage Endorsement, ~~the Iowa~~ your Motorcycle Policy ~~is~~ and any endorsements to your policy are amended as follows:

1. General Definitions

- (a) The General Definition of "**covered motorcycle**" is deleted and all references throughout the policy to "**covered motorcycle**" are deleted and replaced by "**covered off-road vehicle**".
- (b) The General Definition of "**motorcycle**" is deleted and all references throughout the policy to "**motorcycle**" or to "**motorcycle**" are deleted and replaced by "**off-road vehicle**".
- (c) The remainder of the General Definitions section is deleted in its entirety, as are all references throughout the policy to those definitions, and replaced by the following:

General Definitions

The following definitions apply throughout the policy. Defined terms are printed in boldface type and have the same meaning whether in the singular, plural, or any other form.

- ~~a.~~ 1. "**Additional off-road vehicle**" means an **off-road vehicle** you become the owner of during the policy period that does not permanently replace an **off-road vehicle** shown on the **declarations page** if:

- ~~(i)~~a. we insure all other **off-road vehicles** you own;

- ~~(ii)~~b. the **additional off-road vehicle** is not covered by any other insurance policy;

- ~~(iii)~~c. you notify us within 30 days of becoming the owner of the **additional off-road vehicle**; and

- ~~(iv)~~d. you pay any additional premium due.

An **additional off-road vehicle**, including a motorcycle, will have the broadest coverage we provide for any **off-road vehicle** shown on the **declarations page**. If you decide to add any coverage to this policy or increase your limits, these changes to your policy will not become effective until after you ask us, and we have agreed, to add the coverage or increase your limits. If you ask us to insure an **additional off-road vehicle** more than 30 days after you become the owner, any coverage we provide will begin at the time you request coverage.

- ~~b.~~ 2. "**All-terrain vehicle**" or "**ATV**" means any land motor vehicle that has at least three wheels and is principally designed for operation off public roads.

- ~~c.~~ 3. "**Bodily injury**" means bodily harm, sickness, or disease, including death that results from bodily harm, sickness, or disease.

- ~~d.~~ 4. "**Covered off-road vehicle**" means:

- ~~(i)~~

- a. any **off-road vehicle** shown on the **declarations page** for the coverages applicable to that **off-road vehicle**;

- ~~(ii)~~

- b. any **additional off-road vehicle**; and

- ~~(iii)~~

- c. any **replacement off-road vehicle**.

5. "**Declarations page**" means the document showing **your** coverages, limits of liability, **covered off-road vehicles**, premium, and other policy-related information. The **declarations page** may also be referred to as the Off-Road Vehicle Insurance Coverage Summary.
6. "**Dirt bike**" means any land motor vehicle that has:
 - a. two wheels and is designed exclusively for operation off public roads;
 - b. completely open-air driver's seating; and
 - c. a motorcycle hand-grip steering device.
7. "**Golf cart**" means any land motor vehicle designed principally for use on a golf course.
8. "**Occupying**" means in, on, entering, exiting, mounting or dismounting.
9. "**Off-road vehicle**" means any **ATV, dirt bike, golf cart, Segway®**, or **snowmobile** that is designed for operation principally off public roads.
10. "**Off-road vehicle business**" means the business of selling, leasing, repairing, parking, storing, servicing, delivering, or testing vehicles.
11. "**Property damage**" means physical damage to, destruction of, or loss of use of tangible property.
12. "**Relative**" means a person residing in the same household as **you**, and related to **you** by blood, marriage, or adoption, and includes a ward, stepchild, or foster child. **Your** unmarried dependent children temporarily away from home will qualify as a **relative** if they intend to continue to reside in **your** household.
13. "**Replacement off-road vehicle**" means an **off-road vehicle**, including a motorcycle, that permanently replaces an **off-road vehicle** shown on the **declarations page**. A **replacement off-road vehicle** will have the same coverage as the **off-road vehicle** it replaces if the **replacement off-road vehicle** is not covered by any other insurance policy. However, if the **off-road vehicle** being replaced had coverage under Part IV - Damage To A Motorcycle, such coverage will apply to the **replacement off-road vehicle** only during the first 30 days after **you** become the owner unless **you** notify **us** within that 30-day period that **you** want **us** to extend coverage beyond the initial 30 days. If the **off-road vehicle** being replaced did not have coverage under Part IV - Damage To A Motorcycle, such coverage may be added, but the **replacement off-road vehicle** will have no coverage under Part IV until **you** notify **us** of the **replacement off-road vehicle** and ask **us** to add the coverage. If **you** decide to add any coverage to this policy or increase **your** limits, these changes to **your** policy will not become effective until after **you** ask **us**, and **we** have agreed, to add the coverage or increase **your** limits.
14. "**Segway®**" means a Segway® Personal Transporter.
15. "**Snowmobile**" means any motorized device that:
 - a. is designed for use mainly off public roads on snow or ice;
 - b. has ski-like runners in front;
 - c. is propelled by means of a revolving track;
 - d. has completely open-air driver's seating; and
 - e. has a motorcycle hand-grip steering device.
16. "**Trailer**" means a non-motorized trailer or sled designed to be towed by a **covered off-road vehicle**.
17. "**Transport trailer**" means a non-motorized trailer designed to be towed on public roads by a land motor vehicle and principally designed for transporting a **covered off-road vehicle**.

18. "We", "us", and "our" mean the underwriting company providing the insurance, as shown on the **declarations page**.
19. "You" and "your" mean:
- (i) a person shown as a named insured on the **declarations page**; and
 - (ii) the spouse of a named insured if residing in the same household.
- e. ~~"Declarations page" means the document showing your coverages, limits of liability, covered off road vehicles, premium, and other policy related information. The declarations page may also be referred to as the Off Road Vehicle Insurance Coverage Summary.~~
- f. ~~"Dirt bike" means any land motor vehicle that has:~~
- ~~(i) two wheels and is designed exclusively for operation off public roads;~~
 - ~~(ii) completely open air driver's seating; and~~
 - ~~(iii) a motorcycle hand grip steering device.~~
- g. "Golf cart" means any land motor vehicle designed principally for use on a golf course.
- h. ~~"Occupying" means in, on, entering, exiting, mounting or dismounting.~~
- i. ~~"Off road vehicle" means any ATV, dirt bike, golf cart, Segway®, or snowmobile which is designed for operation principally off public roads.~~
- j. ~~"Off road vehicle business" means the business of selling, leasing, repairing, parking, storing, servicing, delivering, or testing vehicles.~~
- k. ~~"Property damage" means physical damage to, destruction of, or loss of use of, tangible property.~~
- l. ~~"Relative" means a person residing in the same household as you, and related to you by blood, marriage, or adoption, and includes a ward, stepchild, or foster child. Your unmarried dependent children temporarily away from home will qualify as a relative if they intend to continue to reside in your household.~~
- m. ~~"Replacement off road vehicle" means an off road vehicle, including a motorcycle, that permanently replaces an off road vehicle shown on the declarations page. A replacement off road vehicle will have the same coverage as the off road vehicle it replaces if the replacement off road vehicle is not covered by any other insurance policy. However, if the off road vehicle being replaced had coverage under Part IV Damage To A Motorcycle, such coverage will apply to the replacement off road vehicle only during the first 30 days after you become the owner unless you notify us within that 30 day period that you want us to extend coverage beyond the initial 30 days. If the off road vehicle being replaced did not have coverage under Part IV Damage To A Motorcycle, such coverage may be added, but the replacement off road vehicle will have no coverage under Part IV until you notify us of the replacement off road vehicle and ask us to add the coverage.~~
- n. ~~"Segway®" means a Segway® Personal Transporter.~~
- o. ~~"Snowmobile" means any motorized device that:~~
- ~~(i) is designed for use mainly off public roads on snow or ice;~~
 - ~~(ii) has ski like runners in front;~~
 - ~~(iii) is propelled by means of a revolving track;~~
 - ~~(iv) has completely open air driver's seating; and~~
 - ~~(v) has a motorcycle hand grip steering device.~~

- p. ~~"Trailer" means a non-motorized trailer or sled designed to be towed by a covered off road vehicle.~~
- q. ~~"Transport trailer" means a non-motorized trailer designed to be towed on public roads by a land motor vehicle and principally designed for transporting a covered off road vehicle.~~
- r. ~~"We", "us", and "our" mean the underwriting company providing the insurance, as shown on the declarations page.~~
- s. ~~"You" and "your" mean:~~
- (i) a person shown as a named insured on the **declarations page**; and
 - (ii) ~~the spouse of a named insured if residing in the same household at the time of the loss.~~

2. **Part III - Uninsured/Underinsured Motorist Coverage**
Additional Definitions

- (a) The following item is deleted from the definition of "**underinsured motor vehicle**" in Part III:
": An "**underinsured motor vehicle**" does not include any vehicle or equipment operated on rails or crawler treads.
- (b) The following item is deleted from the definition of "**uninsured motor vehicle**" in Part III:
": An "**uninsured motor vehicle**" does not include any vehicle or equipment operated on rails or crawler treads.

3. **Part IV—Damage To A Motorcycle**

The Exclusions section in Part IV is modified to include the following:

Coverage under this Part IV will not apply for loss to a **covered off road vehicle** if the damage does not affect the structure or operation of the **covered off road vehicle**. Such damage includes, but is not limited to, paint chips, scratches, scrapes, and minor dents.

All other terms, limits, and provisions of this policy remain unchanged.