

Submission for Motorcycle Applications

Please include this form with your submission.

Agency Name: _____

Agent Contact Email: _____

Instructions to Submit Business:

Please upload completed items via [secure submission portal](#):

1. This Cover Page
2. Acord Application for MA Motor Vehicle Insurance
3. Motorcycle Supplement
4. RMV-1/RMV-3 (*if applicable*)
5. Prior Carrier Declaration Page (*if applicable*)
6. Primary Residence Declaration Page (*if applicable*)
7. Submit this application through the secure portal (not unsecured email):
<https://www.massagent.com/inmarkets/specialsubmit.cfm#submit>

Chris Kivior
RLI & Safeco Program Manager
91 Cedar Street, Milford, MA 01757
direct: (508) 634-7360
ckivior@massagent.com

The submitting agent will be contacted by Chris Kivior with quote and payment instructions via email.

Thank you for your business!

Motorcycle Policy Supplement

Named Insured Information		
Insured Name:		
Additional Named Insured: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Named Insured (must be household member):	
Reason for Policy:		
Is Garaged Location Same as Mailing Address? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Garage Address (if different than mailing):		
Zip:	City:	State:
Any vehicles on this policy with more than one owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are all owner's residents of the same household? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Golf Cart Only Policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Residence Insurance Type:	Insurance on Primary Residence Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Safeco Insurance Policies		
Does the insured have a current Personal Umbrella with Safeco? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Policy Type:	Policy Number:	
Policy Type:	Policy Number:	
Policy Type:	Policy Number:	
Rider Information: (Rider 1)		
Name:	Birth Date:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Permanent Resident of Household? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status:	Relationship to Insured:
Will this rider operate vehicles off-road only? Yes <input type="checkbox"/> No <input type="checkbox"/>	Motorcycle Endorsement on Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Within the last five years, how many calendar years has the rider been operating Motorcycles/Dirt bikes/ATVs or Snowmobiles?		
SR-22 Filing: Yes <input type="checkbox"/> No <input type="checkbox"/>		
(Rider 2)		
Name:	Birth Date:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Permanent Resident of Household? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status:	Relationship to Insured:
Will this rider operate vehicles off-road only? Yes <input type="checkbox"/> No <input type="checkbox"/>	Motorcycle Endorsement on Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Within the last five years, how many calendar years has the rider been operating Motorcycles/Dirt bikes/ATVs or Snowmobiles?		
SR-22 Filing: Yes <input type="checkbox"/> No <input type="checkbox"/>		
(Rider 3)		
Name:	Birth Date:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Permanent Resident of Household? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status:	Relationship to Insured:
Will this rider operate vehicles off-road only? Yes <input type="checkbox"/> No <input type="checkbox"/>	Motorcycle Endorsement on Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Within the last five years, how many calendar years has the rider been operating Motorcycles/Dirt bikes/ATVs or Snowmobiles?		
SR-22 Filing: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Vehicle Information & Usage		
Is this a newly acquired vehicle, not registered yet or plate number and plate type not required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Engine Size/CCs: (Please provide RMV-1 or RMV-3 as needed)		
Used for business purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>	Corporate Owned? Yes <input type="checkbox"/> No <input type="checkbox"/>	Used for racing/speed contests? Yes <input type="checkbox"/> No <input type="checkbox"/>

Has this vehicle been converted to street legal use? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Check all that apply)	
<input type="checkbox"/> Performance/Structural Modification?	<input type="checkbox"/> Previously Totaled or Salvaged Title?
<input type="checkbox"/> Handlebar/Fork Extension?	<input type="checkbox"/> Nitrous Kit?
<input type="checkbox"/> Rented or leased to others?	<input type="checkbox"/> Homemade/Kit (non-factory built)?
<input type="checkbox"/> On a consignment lot?	<input type="checkbox"/> Trike?
<input type="checkbox"/> 3-Wheeled ATV?	<input type="checkbox"/> Trike Conversion Manufacturer?
<input type="checkbox"/> Custom Parts & Equipment in excess of \$20,000	<input type="checkbox"/> Anti-Theft?
	<input type="checkbox"/> Anti-Lock Brakes?
Underwriting	
Current Insurance Carrier:	Number of Months with this carrier?
Policy Expiration/Lapse Date:	
Prior Insurance Carrier:	Number of Months with prior carrier?
Policy Expiration/Lapse Date:	Complete additional pages to add additional riders or vehicles.

Insured Signature: _____ Date _____