



Submission for Motorcycle Applications

Please include this form with your submission.

Agency Name: _____

Agent's 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*)

The submitting agent will be contacted by Chris Kivior with quote and payment instructions via email. *Do not submit this application via unsecured email. Secure portal address:

<https://www.massagent.com/inmarkets/specialsubmit.cfm#submit>

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

Thank you for your business!

Motorcycle Policy Supplement

Named Insured Information		
Insured Name:		
Additional Named Insured: Yes No	Other Named Insured (must be household member):	
Reason for Policy:		
Is Garaged Location Same as Mailing Address? Yes No		
Garage Address (if different than mailing):		
Zip:	City:	State:
Any vehicles on this policy with more than one owner? Yes No	Are all owners residents of the same household? Yes No	
Golf Cart Only Policy? Yes No		
Residence Insurance Type:	Insurance on Primary Residence *Yes No	
Other Safeco Insurance Policies		
Does the insured have a current Personal Umbrella with Safeco? *Yes No		
Policy Type:	Policy Number:	
Policy Type:	Policy Number:	
Policy Type:	Policy Number:	
Rider Information		
Name:	Birth Date:	Gender: M F
Permanent Resident of Household? Yes No	Marital Status:	Relationship to Insured:
Will this rider operate vehicles off-road only? Yes No	Motorcycle Endorsement on Driver's License? Yes No	
Within the last five years, how many calendar years has the rider been operating Motorcycles/Dirt bikes/ATVs or Snowmobiles?		
SR-22 Filing: Yes No		

Vehicle Information & Usage		
Is this a newly acquired vehicle, not registered yet or plate number and plate type not required? Yes No		
Engine Size/CCs: (Please provide RMV-1 or RMV-3 as needed.)		
Used for business purposes? Yes No	Corporate Owned? Yes No	Used for racing/speed contests? Yes No
Has this vehicle been converted to street legal use? Yes No		
Performance/Structural Modification? Handlebar/Fork Extension? Rented or leased to others? On a consignment lot? 3-Wheeled ATV? Custom Parts & Equipment in excess of \$20,000 Previously Totaled or Salvaged Title?	Nitrous Kit? Homemade/Kit (non-factory built)? Trike? Trike Conversion Manufacturer? Anti-Theft? 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.		

***Submit declarations with application.**

Insured Signature: _____ **Date:** _____