



Provided by one of the companies of the:

# AMERICAN MODERN INSURANCE GROUP

## Motorcycle Program Insurance Quote

**Quote #:**                      **Date of Quote:**                      **Policy Term:**                      **Effective Date:**                      **Company #:**

<p style="text-align: center;"><b>Agent</b></p> <p>Name:                                      Agent #          Address:                                  License #          Address:          City, St, Zip:          Telephone #:</p>	<p style="text-align: center;"><b>Client</b></p> <p>Name:                                      Age:          Address:                                  Sex:          Address:                                  M/S:          City, St, Zip:          Telephone #:</p>
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<p style="text-align: center;"><b>Subproducer</b></p> <p>Name:                                      Sub Producer #          Address:          Address:          City, St, Zip:          Telephone #:</p>	<p style="text-align: center;"><b>Unit 1 Information</b></p> <p>Year:                                      Make:          Model:                                      Rating State:          CC's:                                      Vin:          Territory:                                  Program:          Rated Operator:</p>
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<p style="text-align: center;"><b>Unit 2 Information</b></p> <p>Year:                                      Make:          Model:                                      Rating State:          CC's:                                      Vin:          Territory:                                  Program:          Rated Operator</p>	<p style="text-align: center;"><b>Unit 3 Information</b></p> <p>Year:                                      Make:          Model:                                      Rating State:          CC's:                                      Vin:          Territory:                                  Program:          Rated Operator:</p>
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Unit #	Coverage Description	Deductible	Limit	Premium

Discounts/Surcharges

<input type="checkbox"/> Full Pay	Downpayment	Billing Rate:	
<input type="checkbox"/> 2-Pay	Downpayment	Billing Rate:	
<input type="checkbox"/> 4-Pay	Downpayment	Billing Rate:	
<input type="checkbox"/> EFT/Monthly	Downpayment	Billing Rate:	
<b>Total Quoted ANNUAL Premium</b>			

**Important Note:** This quote does not represent bound coverage. If you are interested in the quote and want to obtain coverage, contact your agent. We offer many attractive payment options, including payment by credit card. Please contact your agent for additional information.

AMERICAN  
MODERN  
INSURANCE  
GROUP



RE:

Dear

Thank you for choosing us to service your insurance needs. We appreciate your business.

In order to provide our policyholders with the best rate available, we, like many insurance companies, use information obtained from consumer reporting agencies as part of our rating process, which includes credit history. Based on the information in your report, you are not receiving our best rate.

The consumer reporting agency identified below supplied us with information used to rate your policy. The consumer reporting agency did not make the adverse decision and is not able to explain why the decision was made. You have the right to obtain a free copy of your report from the consumer reporting agency if you request it from them within 60 days.

You also have the right to dispute the accuracy or completeness of any information contained in the report with the consumer reporting agency. If, as a result of challenging any information, the credit report is discovered to be incorrect or incomplete, we will re-calculate your premium. If the resulting rate is reduced, we will refund premium back to the beginning of the policy period or the last 12 months, whichever is shorter.

To request a copy of your credit report, please contact the consumer reporting agency:

ChoicePoint, Inc.  
P.O. Box 105108  
Atlanta, GA 30348-5108

Telephone Number: 1-800-456-6004

Choicepoint Reference Number:

We use information from your credit report as part of our rating process. The following are the primary factor(s) that influenced your insurance score rating:

Thank you for choosing



## **SUMMARY OF RIGHTS**

Please be advised that you have the right to request, in writing, the following information: (1) the specific reason(s) for the adverse underwriting decision; (2) the specific items of personal and privileged information that support the reason(s); and (3) the names and addresses of the institutional sources that supplied these specific items of information. Your written request must be received within ninety (90) business days from the date of the mailing of this notice. We will respond to your written request within twenty-one (21) business days from the date on which we receive it.

In addition, you have the right to request, in writing, access to recorded personal information pertaining to you. If you so request, we will: (1) inform you of the nature and substance of the recorded personal information; (2) permit you to see and copy, in person, the recorded personal information pertaining to you or to obtain a copy via the mail, if you so desire; (3) disclose the identity, if recorded, of those persons to whom we have disclosed the personal information within the two years prior to your request; and (4) provide you with a summary of the procedures by which you may request correction, amendment or deletion of recorded personal information. We will respond to your written request within thirty (30) business days from the date on which we receive it. Should you dispute the accuracy of recorded personal information, we will not charge a fee for providing recorded personal information for the purpose of amending, correcting, or deleting incorrect personal information. However, you may be charged a reasonable fee to cover the costs incurred in providing a copy of the recorded personal information, if the copy is used for purposes other than those stated above.