

DECLARATIONS

Policy Number:	-	-
Policy Period	From	To
		12:01 A.M. Standard Time

YOU AS NAMED INSURED AND YOUR ADDRESS

SERVICE PROVIDED BY:

Telephone:

Agency Code: - -

PREMIUM SUMMARY

We will insure you for the coverage for which a premium is shown. Detailed coverage descriptions and any limitations will be found in your policy.

TOTAL PREMIUM

Vehicle Insurance

TOTAL ANNUAL PREMIUM

**Additional Premium Resulting From This Change
Return Premium Resulting From This Change**

Countersigned _____, _____ **at** _____ **by** _____

OPERATOR INFORMATION

Operator Name _____ **License Number** _____ **State** _____ **Birth Date** _____

VEHICLE INSURANCE

OFF-ROAD MOTORCYCLE DESCRIPTION

Unit #1 **Type Of Use:** _____ **Class:** _____ **VIN:** _____ **Estimated Annual Mileage:** _____ **CC:** _____ **Territory:** _____
Garaging Location: _____ **County:** _____ **Rated Operator:** _____

OFF-ROAD MOTORCYCLE DESCRIPTION

Unit #1 **Type Of Use:** _____ **Class:** _____ **VIN:** _____ **Estimated Annual Mileage:** _____ **CC:** _____ **Territory:** _____
Garaging Location: _____ **County:** _____ **Rated Operator:** _____

SNOWMOBILE DESCRIPTION

Unit #1 **Type Of Use:** _____ **Class:** _____ **VIN:** _____ **Estimated Annual Mileage:** _____ **CC:** _____ **Territory:** _____
Garaging Location: _____ **County:** _____ **Rated Operator:** _____

VEHICLE INSURANCE COVERAGES

LIMITS OF LIABILITY

PREMIUM **Unit #1** **PREMIUM** **Unit #2**

OTHER AMOUNTS THAT APPLY TO YOUR VEHICLE INSURANCE

Annual Premium By Vehicle _____
Additional Premium By Vehicle _____
Return Premium By Vehicle _____

DISCOUNTS AND SURCHARGES

The following have been applied to your premium

UNIT #1

UNIT #2

Total Discounts _____
Total Surcharges _____

**VEHICLE INSURANCE
ANNUAL PREMIUM**

MINIMUM EARNED PREMIUM

Unit #1

LIENHOLDER

Unit #2

LOSS PAYEE

FORMS AND ENDORSEMENTS

All Units

Unit #1

Unit #2

SPECIAL INFORMATIONAL FORMS

ADDITIONAL FEE INFORMATION

PROCESSED:

New

EXHIBIT
DECLARATIONS

underlined = added

Policy Number:	-	-
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TOTAL PREMIUM

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TOTAL ANNUAL PREMIUM

Additional Premium Resulting From This Change
Return Premium Resulting From This Change

Countersigned _____, _____ at _____ by _____

OPERATOR INFORMATION

Operator Name License Number State Birth Date

VEHICLE INSURANCE

OFF-ROAD MOTORCYCLE DESCRIPTION

Unit #1	Type Of Use:	Class:	VIN:	Estimated Annual Mileage:	CC:	Territory:
	Garaging Location:				County:	Rated Operator:

OFF-ROAD MOTORCYCLE DESCRIPTION

Unit #1	Type Of Use:	Class:	VIN:	Estimated Annual Mileage:	CC:	Territory:
	Garaging Location:				County:	Rated Operator:

SNOWMOBILE DESCRIPTION

Unit #1	Type Of Use:	Class:	VIN:	Estimated Annual Mileage:	CC:	Territory:
	Garaging Location:				County:	Rated Operator:

VEHICLE INSURANCE COVERAGES

LIMITS OF LIABILITY

PREMIUM **Unit #1** PREMIUM **Unit #2**

OTHER AMOUNTS THAT APPLY TO YOUR VEHICLE INSURANCE

Annual Premium By Vehicle _____
Additional Premium By Vehicle _____
Return Premium By Vehicle _____

DISCOUNTS AND SURCHARGES

The following have been applied to your premium

UNIT #1

UNIT #2

Total Discounts _____
Total Surcharges _____

**VEHICLE INSURANCE
ANNUAL PREMIUM**

MINIMUM EARNED PREMIUM

Unit #1

LIENHOLDER

Unit #2

LOSS PAYEE

FORMS AND ENDORSEMENTS

All Units

Unit #1

Unit #2

SPECIAL INFORMATIONAL FORMS

ADDITIONAL FEE INFORMATION

PROCESSED:

Old

strikethrough = deleted

DECLARATIONS

Policy Number:	—	—
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YOU AS NAMED INSURED AND YOUR ADDRESS

SERVICE PROVIDED BY:

Telephone:

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PREMIUM SUMMARY

We will insure you for the coverage for which a premium is shown. Detailed coverage descriptions and any limitations will be found in your policy.

TOTAL PREMIUM

Vehicle Insurance

TOTAL ANNUAL PREMIUM

Additional Premium Resulting From This Change
Return Premium Resulting From This Change

Countersigned _____, _____ **at** _____ **by** _____

OPERATOR INFORMATION

Operator Name _____ **License Number** _____ **State** _____ **Birth Date** _____

VEHICLE INSURANCE

MOTORCYCLE DESCRIPTION

Unit #1 **Type Of Use:** _____ **Class:** _____ **VIN:** _____ **Estimated Annual Mileage:** _____ **CC:** _____ **Territory:** _____
Garaging Location: _____ **Rated Operator:** _____
County: _____

MOTORCYCLE DESCRIPTION

Unit #1 **Type Of Use:** _____ **Class:** _____ **VIN:** _____ **Estimated Annual Mileage:** _____ **CC:** _____ **Territory:** _____
Garaging Location: _____ **Rated Operator:** _____
County: _____

SNOWMOBILE DESCRIPTION

Unit #1 **Type Of Use:** _____ **Class:** _____ **VIN:** _____ **Estimated Annual Mileage:** _____ **CC:** _____ **Territory:** _____
Garaging Location: _____ **Rated Operator:** _____
County: _____

VEHICLE INSURANCE COVERAGES

LIMITS OF LIABILITY

PREMIUM **Unit #1** **PREMIUM** **Unit #2**

OTHER AMOUNTS THAT APPLY TO YOUR VEHICLE INSURANCE

**Annual Premium By Vehicle
Additional Premium By Vehicle
Return Premium By Vehicle**

DISCOUNTS AND SURCHARGES

The following have been applied to your premium

UNIT #1

UNIT #2

**Total Discounts
Total Surcharges**

**VEHICLE INSURANCE
ANNUAL PREMIUM**

MINIMUM EARNED PREMIUM

Unit #1

LIENHOLDER

Unit #2

LOSS PAYEE

FORMS AND ENDORSEMENTS

All Units

Unit #1

Unit #2

SPECIAL INFORMATIONAL FORMS

PROCESSED:

MASSACHUSETTS DIVISION OF INSURANCE

FORM UTILIZATION LIST

Foremost Insurance Company Grand Rapids, Michigan 0212-11185

Off-Road Vehicle Program

Form Name	Form Number	STATE/SERFF Tr. Number	Disposition Date
Additional Insured	3387 02/01 –	none	10-1-03
Loss Payable clause	5303 01/05 –	107780	8-21-07
Transport Trailer	5440 10/00 –	none+	10-25-02
Optional Equipment	5441 09/00 –	none+	10-25-02
Single Liability Limit	5478 09/00 –	none	10-1-03
Additional Insured – Lessor	5480 09/00 –	none	10-1-03
Massachusetts Off-Road Vehicle Insurance Policy	5500 05/07 –	107780	8-21-07
Joint Ownership Coverage – Massachusetts	5514 11/09 –	09DEC04-502	2-8-10
Golf Cart – Massachusetts	5852 09/09 –	09DEC04-502	2-8-10
Part C – Uninsured Motorist Coverage for Off-Road Vehicles	5988 10/02 –	09DEC04-502	2-8-10
Additional Insured – Trust	5995 01/06 –	09DEC04-502	2-8-10
Additional Insured – Titleholder	5998 01/06 –	09DEC04-502	2-8-10

EXHIBIT I

OFF-ROAD VEHICLE DECLARATIONS PAGE – FORM 81999 03/12

Attached is a sample of the Declarations we will be using in our program. The sample shows how our Declarations will be used when insuring off-road vehicles.

The following language will be typed on the Declarations when applicable. The numbers shown below correspond with those displayed on the attached “Declarations” samples to indicate where the language will be printed.

1 New, Renewal, Amended.

This language simply clarifies to the customer that this is a New Declarations, a Renewal Declarations or an Amended Declarations.

2 Information displayed in this location will be based on New, Renewal or Amended Declarations.

If this is a Renewal Declarations, the following will display. “RENEWAL DECLARATIONS EFFECTIVE XX/XX/2XXX SUPERSEDES ANY PREVIOUS DECLARATIONS BEARING THE SAME POLICY NUMBER FOR THIS POLICY PERIOD. If it is an Amended Declarations, the changes will be described such as, correct descriptions, location, additional insureds, mortgagee corrections, add or delete coverages, etc. This shall not be used to modify or add any contractual language to any policy, form or endorsement.

3 The information displayed for OTHER AMOUNTS THAT APPLY TO YOUR VEHICLE INSURANCE is other Charges, such as taxes, surcharges, etc., will be printed in this area, if applicable.

4 The information displayed for FORMS AND ENDORSEMENTS is the policy forms and endorsements that apply to all units and forms and endorsements that apply to specific units.

5 The display area for SPECIAL INFORMATIONAL FORMS is for consumer important notices.

6 This area will be used if the customer has chosen to pay the premium in installments and will display service fees for the different billing options available.

①
DECLARATIONS

Policy Number:	-	-
Policy Period	From	To
		12:01 A.M. Standard Time

②

YOU AS NAMED INSURED AND YOUR ADDRESS

SERVICE PROVIDED BY:

Telephone:

Agency Code: - -

PREMIUM SUMMARY

We will insure you for the coverage for which a premium is shown. Detailed coverage descriptions and any limitations will be found in your policy.

**TOTAL
PREMIUM**

Vehicle Insurance

TOTAL ANNUAL PREMIUM

**Additional Premium Resulting From This Change
Return Premium Resulting From This Change**

Countersigned _____, _____ **at** _____ **by** _____

OPERATOR INFORMATION

Operator Name _____ **License Number** _____ **State** _____ **Birth Date** _____

VEHICLE INSURANCE

OFF-ROAD MOTORCYCLE DESCRIPTION

Unit #1	Type Of Use:	Class:	VIN:	CC:	Territory:
	Garaging Location:		Estimated Annual Mileage:		Rated Operator:
			County:		

OFF-ROAD MOTORCYCLE DESCRIPTION

Unit #1	Type Of Use:	Class:	VIN:	CC:	Territory:
	Garaging Location:		Estimated Annual Mileage:		Rated Operator:
			County:		

SNOWMOBILE DESCRIPTION

Unit #1	Type Of Use:	Class:	VIN:	CC:	Territory:
	Garaging Location:		Estimated Annual Mileage:		Rated Operator:
			County:		

VEHICLE INSURANCE COVERAGES

LIMITS OF LIABILITY

PREMIUM **Unit #1** **PREMIUM** **Unit #2**

OTHER AMOUNTS THAT APPLY TO YOUR VEHICLE INSURANCE

③

Annual Premium By Vehicle _____
Additional Premium By Vehicle _____
Return Premium By Vehicle _____

DISCOUNTS AND SURCHARGES

The following have been applied to your premium

UNIT #1

UNIT #2

Total Discounts _____
Total Surcharges _____

**VEHICLE INSURANCE
ANNUAL PREMIUM**

MINIMUM EARNED PREMIUM

Unit #1

LIENHOLDER

Unit #2

LOSS PAYEE

FORMS AND ENDORSEMENTS

All Units

④

Unit #1

Unit #2

SPECIAL INFORMATIONAL FORMS

⑤

ADDITIONAL FEE INFORMATION

⑥

PROCESSED:

MASSACHUSETTS

OFF-ROAD VEHICLE PROGRAM

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RATES	
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Loss Payable Clause	5303 01/05
Transport Trailer	5440 10/00
Optional Equipment	5441 09/00
Single Liability Limit	5478 09/00
Additional Insured – Lessor	5480 09/00
Off-Road Vehicle Insurance Policy	5500 05/07
Joint Ownership Coverage – Massachusetts	5514 11/09
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Part C – Uninsured Motorist Coverage For Off-Road Vehicles	5988 10/02
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Additional Insured – Titleholder	5998 01/06
* Declarations	81999 03/12