



## Motorcycle "POM" (Protection Options Menu)

For your "Current Coverage Summary", refer to your separate, other, "Review Form". (Not this form)  
The form is simply a guide to learn a bit more about your options, and to address areas that may be of concern. You DO NOT have all of the following coverages or limits. For all "details" refer to your policy.

<u>Descriptions of Potential Coverage:</u>	<u>Potential Limits "if desired":</u>	<u>Your Comments/Goals</u>
Bodily Injury Liability Protection	\$ 500,000/person *	
	\$1,000,000/accident .....	
Uninsured Motorist Bodily Injury (UMBI)	(see above. "Same") .....	
..... Excess / Additional (UMBI)	\$1,000,000 more via Umbrella	
Property Damage Liability .....	\$500,000 * .....	
Uninsured Motorist Property Damage	FMV of your vehicle(s).....	
Medical .....	\$ 25,000 .....	
Deductibles (comprehensive & collision)	Ranges up to \$5,000 .....	
Permissive User Limit of Liability .....	Full (or Limited) options .....	
Generic Parts Coverage .....	Original Manufactured Parts Option	
Customizations.....	(Call and describe all details)	
Death (& specific disability) .....	\$25,000 (& Life Options).....	

### Separate, Supplemental Policies if desired:

☐ Other motorized vehicles: (Golf carts, Electric Bicycles, Off Road, Dune Buggies, etc.)  
☐ Insurance to drive into Mexico      ☐ \* Higher Liability (Umbrella)      ☐ Custom/Classic Car  
☐ Commercial Vehicle Insurance      ☐ Motorhomes      ☐ Hot Rods, Race Cars

### CHANGES TO CURRENT POLICY? (I.e. want lower or higher limits? Additional Endorsements? Options? Other?)

Describe (if any): \_\_\_\_\_ \*

**\* This form does NOT bind coverage or change requests. No request is active until approved and issued by the carrier.**

**My agent has offered to explain all coverages and has answered all questions I have at this time.**

**I understand that I can apply for coverage's, in writing, at any time in the future.**

Print Name: \_\_\_\_\_, Phone: \_\_\_\_\_ Policy # \_\_\_\_\_

Sign Here **X** \_\_\_\_\_ Date **X** \_\_\_\_\_

Return to: Scan to: [Barrie@Here2insure.com](mailto:Barrie@Here2insure.com) OR Fax to: 1(760)643-9100  
OR mail to: Barrie D. Elliott Insurance Agency, Inc. PO Box 4061, Carlsbad, CA 92018-4061

**Barrie D. Elliott Insurance Agency, Inc. Lic# 0L95509 If questions, Call Ph: (833)434-7881**