Recreational Insurance Application

101 Demorest Square, Unit H, Demorest, GA 30535

Apply online at https://ezinsurers.com/apply/ or call the office for assistance. Do not send Social Security numbers or license images in ordinary email. Ask the office for a secure way to provide completed paperwork and documents.

Fields marked * are needed to start the request. Optional sensitive identifiers may be provided directly to the agent.

Policy types (check each that applies): [ ] Motorcycle [ ] Golf cart [ ] ATV [ ] UTV [ ] Travel trailer [ ] Boat [ ] Motorhome

1. Applicant

First name *

Last name *

Cell / primary phone *

Home phone (if different)

Email *

Best way to reach you *
Phone call / Email / Text message

Street address *

City *

State *

ZIP code *

Do you own or rent your home? *
Own / Rent / Other

How long have you lived here? *
For example: 2 years, 6 months.

2. Driver / household member 1 - applicant

Full legal name *

Date of birth *

Gender *
Female / Male / Another designation / Discuss with an agent

Marital status *
Single / Married / Divorced / Separated / Widowed / Domestic partner / Discuss with an agent

Relationship to applicant *
Self / Spouse / partner / Child / Parent / Other household member / Other

License type *
Standard driver license / Motorcycle endorsement / Commercial (CDL) / Learner permit / International / other / Not licensed

License state / country *

Driver's license number
You may leave this blank and provide it directly to the agent.

License status *
Valid / Suspended / Revoked / Expired / Permit / Not licensed / Not sure

Date first licensed (if known)

Years licensed
An estimate is fine.

Driver / household status *
Regular driver / Occasional driver / Household member who does not drive / Excluded on current policy / Discuss with an agent

Social Security number (optional now)
Used only when needed for the insurance application. You may provide this directly to the agent instead.

Defensive-driving course in the past 3 years? *
Yes / No / Not sure

Course completion date

Course provider

Complete course details only if a defensive-driving course was taken in the past 3 years. Discounts depend on carrier eligibility. Attach a certificate if available.

Use another copy of this driver page for each additional household member.

2. Driver / household member 2 - additional driver

Full legal name *

Date of birth *

Gender *
Female / Male / Another designation / Discuss with an agent

Marital status *
Single / Married / Divorced / Separated / Widowed / Domestic partner / Discuss with an agent

Relationship to applicant *
Self / Spouse / partner / Child / Parent / Other household member / Other

License type *
Standard driver license / Motorcycle endorsement / Commercial (CDL) / Learner permit / International / other / Not licensed

License state / country *

Driver's license number
You may leave this blank and provide it directly to the agent.

License status *
Valid / Suspended / Revoked / Expired / Permit / Not licensed / Not sure

Date first licensed (if known)

Years licensed
An estimate is fine.

Driver / household status *
Regular driver / Occasional driver / Household member who does not drive / Excluded on current policy / Discuss with an agent

Social Security number (optional now)
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Defensive-driving course in the past 3 years? *
Yes / No / Not sure

Course completion date

Course provider

Complete course details only if a defensive-driving course was taken in the past 3 years. Discounts depend on carrier eligibility. Attach a certificate if available.

Use another copy of this driver page for each additional household member.

3. Vehicle 1

Vehicle type *
Motorcycle / Golf cart / ATV / UTV / Travel trailer / Boat / Motorhome
_____

Year *
_____

Make *
_____

Model *
_____

VIN / hull or serial number *
Enter the identifier on the vehicle or registration. Older and recreational vehicles may use a different format.
_____

How is it used? *
Commute / personal / Pleasure / occasional / School / Business use / Delivery / rideshare / Other
_____

Estimated miles per year
For a boat, enter estimated annual hours in the notes.
_____

ZIP where it is kept *
_____

Address where it is kept (if different)
_____

Ownership / financing *
Owned outright / Financed / Leased / Not sure
_____

Lender / lienholder name
_____

Lender address (if known)
_____

How long have you owned it? *
_____

Estimated value ($)
_____

Anti-lock brakes?
Yes / No / Not sure / Not applicable
_____

Airbags / safety equipment
If applicable; an estimate or "not sure" is fine.
_____

Complete lender information if financed or leased. For boats, note annual hours instead of miles. Use another copy of this vehicle page for additional vehicles.

3. Vehicle 2

Vehicle type *
Motorcycle / Golf cart / ATV / UTV / Travel trailer / Boat / Motorhome
_____

Year *
_____

Make *
_____

Model *
_____

VIN / hull or serial number *
Enter the identifier on the vehicle or registration. Older and recreational vehicles may use a different format.
_____

How is it used? *
Commute / personal / Pleasure / occasional / School / Business use / Delivery / rideshare / Other
_____

Estimated miles per year
For a boat, enter estimated annual hours in the notes.
_____

ZIP where it is kept *
_____

Address where it is kept (if different)
_____

Ownership / financing *
Owned outright / Financed / Leased / Not sure
_____

Lender / lienholder name
_____

Lender address (if known)
_____

How long have you owned it? *
_____

Estimated value ($)
_____

Anti-lock brakes?
Yes / No / Not sure / Not applicable
_____

Airbags / safety equipment
If applicable; an estimate or "not sure" is fine.
_____

Complete lender information if financed or leased. For boats, note annual hours instead of miles. Use another copy of this vehicle page for additional vehicles.

4. Current insurance & requested coverage

Do you currently have insurance? *
Yes / No / Not sure
_____

Current insurance company
_____

Current policy number
_____

Policy expiration date
_____

Years with current company
_____

Bodily injury limits
For example: 25,000 / 50,000. Leave unknown limits blank and upload your declarations page.
_____

Property damage limit
_____

Combined single limit (if applicable)
_____

Uninsured / underinsured bodily injury limits
_____

Uninsured / underinsured property damage limit
_____

Comprehensive deductible
_____

Collision deductible
_____

Medical payments coverage
_____

Rental reimbursement
_____

Roadside assistance
_____

GAP coverage
_____

Loan / lease payoff coverage
_____

What coverage would you like?
Match my current coverage / Liability coverage / Liability + comprehensive / collision / Help me choose
_____

Requested start date
_____

Any accidents, claims, or violations in the last 5 years? *
Yes / No / Not sure
_____

If you do not currently have insurance, complete the requested-coverage and driving-history questions. Unknown optional limits may be left blank; attach a declarations page if available.

5. Driving history - last 5 years

List all accidents, violations, DUI / DWI, theft, fire, weather, animal collisions, glass claims, and other incidents for all drivers, including at-fault and not-at-fault accidents.

Incident 1

Driver name * _____

What happened? *
Include at-fault / not-at-fault accidents, tickets, DUI / DWI, theft, fire, weather, animal collisions, glass claims, and other incidents.
_____

Incident date * _____

Incident 2

Driver name * _____

What happened? *
Include at-fault / not-at-fault accidents, tickets, DUI / DWI, theft, fire, weather, animal collisions, glass claims, and other incidents.
_____

Incident date * _____

Incident 3

Driver name * _____

What happened? *
Include at-fault / not-at-fault accidents, tickets, DUI / DWI, theft, fire, weather, animal collisions, glass claims, and other incidents.
_____

Incident date * _____

6. Documents & additional notes

[ ] Current declarations page or insurance ID card [ ] Driver licenses

[ ] Defensive-driving certificate, if applicable [ ] Other supporting documents

Notes: _____

_____

_____

7. Information release agreement

As part of the application process in obtaining the insurance coverage you are requesting from licensed insurance carriers, EZ Insurers, LLC and/or its licensed carriers may order one or more consumer reports. A consumer report may contain information on credit history, medical conditions, driving records, criminal activity and hazardous sports, among other things. Under the Fair Credit Reporting Act (FCRA), EZ Insurers, LLC and/or its licensed carriers may review consumer reports to evaluate anyone who applies for this insurance. In the event that coverage is denied to you based wholly or partly on information in a consumer report, you will be notified of this fact and given the name and address of the consumer reporting agency making the report. It is understood and agreed that completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies, but that the information contained herein shall be the basis of the contract should a policy be issued.

Application warranty

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

[ ] I agree that EZ Insurers may contact me about this insurance request.

[ ] I have read and agree to the information release agreement.

[ ] I have reviewed my answers and agree to the application warranty.

Applicant name: _____

Applicant signature: _____ Date: _____

Agency section only

Agent name: _____

Agent signature: _____ Date: _____

[ ] Named operator policy only [ ] SR-22 applies

Office notes: _____

_____