

# Insurance Application

## Sentry Select Insurance Company

**Policy Number: 11405492097**  
**Effective Date: 07/06/2019**  
 03:01 PM Central Time per Stevens Point, WI



Insurance.Harley-Davidson.com

### Named Insured(s)

JOHNSON, SHAWNETTE R  
 1456 McCan Dr  
 Clarksville TN 37043  
 Phone: 931-217-2403  
 Email: shawnette.johnson31@gmail.com

Harley-Davidson Insurance Services  
 Theresa J. Greer  
 P O Box 8034  
 Stevens Point WI 54481  
 Phone: 1-800-242-2464

### Premium, Coverage and Vehicle Information

**Type** Powersports Policy

**Term** 12 Month

#### Vehicle Number: 1

Year: 2002 Make: HARLEY-DAVIDSON  
 Vehicle Type: Motorcycle  
 Rated Driver: 1 Value:

Model: FXSTI SOFTAIL  
 Vehicle Location: 37043  
 Existing Damage: N

VIN/Serial #: 1HD1BVB182Y029623  
 CC's: 1450  
 Inspection: N

Vehicle Level Coverages	Limits	Deductible	Premium
Bodily Injury Liability	\$25,000 Each Person/\$50,000 Each Accident		\$81.46
Guest Passenger Liability	Included in Bodily Injury Liability		Included
Property Damage Liability	\$25,000 Each Accident		\$98.38
Uninsured/Underinsured Motorist Bodily Injury			Rejected
Uninsured/Underinsured Motorist Property Damage		Not Applicable	Rejected
Medical Payments	\$5,000 Each Person		\$106.92
Comprehensive	Actual Cash Value up to \$60,000	\$500	\$79.08
Collision	Actual Cash Value up to \$60,000	\$500	\$214.56
Optional Equipment	\$1,000		Included
Optional Equipment Replacement Cost			Not Selected
Diminishing Deductible™			Not Selected
Roadside Assistance			\$12.00
Rental Reimbursement			Not Selected
Trip Interruption			Not Selected
Vacation Rental			Not Selected
Safety Apparel	\$500		\$4.00
Replacement Cost			Not Selected
<b>Vehicle Premium</b>			<b>\$596.40</b>

Policy Level Coverages	Limits	Deductible	Premium
Accidental Death & Disability			\$82.20
<b>Subtotal Premium By Policy</b>			<b>\$82.20</b>

#### Premium Summary

**Total Policy Premium** \$678.60  
**Total Amount Submitted** \$56.53  
**Pay Plan** 11 Installments  
**Automatic Payments** Y

### Fee Information

The following fees may be charged during the life of the policy. These fees may change.

Late Fee	Returned Payment Fee	Billing Fee	Automatic Payments Billing Fee				
\$5.00	\$25.00	\$6.00	\$2.00				

Discount Information

Policy Level	
Transfer	
Driver Level	
JOHNSON, SHAWNETTE R 06/20/1979	Experienced Rider, Harley-Davidson® Riding Academy Safety Course, Motorcycle Endorsement
Vehicle Level	
2002 HARLEY-DAVIDSON FXSTI SOFTAIL	Anti-Theft, Garaging Discount, Ownership Discount

Surcharge Information: None

Driver Information

Drv #	Name	Date of Birth	Gender	Marital Status	License State	License Number	Financial Responsibility
1	JOHNSON, SHAWNETTE R	06/20/1979	F	S	TN	125287972	

Excluded Driver Information: None

Non-Driver Information: None

Accident and Violation Information: None

Lienholder/Additional Insured/Additional Interest Information: None

In Process

### Named Insured Confirmation

I understand and agree this application is a part of the policy.

I understand and agree this policy does not take effect until the effective date and time listed on this application.

I understand and agree if a payment made by me or on my behalf is not honored by the financial institution, it will not be considered a valid payment and coverage may not be afforded under this application and subsequent policy.

I understand and agree any unpaid balance owed, including any fees, at the time of cancellation, non-renewal or expiration is a debt the Company may attempt to collect, and in addition to this unpaid balance, I must pay for any costs and attorney fees the Company may incur to collect this amount.

I understand and agree the Company may obtain facts from third parties such as consumer reporting agencies or policy verification services that provide driving and claims histories on all drivers rated on this policy. I understand and agree new or updated consumer information may be used to calculate my renewal premium. I may access this information directly from the third party and correct it if it is inaccurate.

I understand and agree if this policy is cancelled per my request prior to the term expiration date, I may pay a cancellation fee/penalty.

I understand and agree this policy may be cancelled, rescinded, and/or coverage denied if this application contains any false statement, omission, or material misrepresentation that would have otherwise altered the Company's evaluation of the policy.

I understand and agree I must disclose all persons who are regular operators of any vehicle to be insured, regardless of where they reside.

I understand and agree this policy may be subject to a minimum premium of \$65.00 that is nonrefundable unless the Company cancels this policy for underwriting reasons.

I understand and agree the Company may use a credit based insurance score determined by information contained in my credit history. I understand and agree new or updated credit information may be used to calculate my renewal premium. I may access this information directly from the third party and correct it if it is inaccurate.

I understand and agree it is my responsibility to report any change of vehicle location to the Company within 30 days of the change and I declare each vehicle listed in this application is garaged more than 50% of the time at the vehicle location listed.

**It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS APPLICATION, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

I hereby apply to the company for a policy of insurance. The above facts are true and complete. I understand this policy is to be issued in reliance upon these facts being true.

☐ AM  
☐ PM

\*

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Time Signed

\_\_\_\_\_  
Named Insured's Signature

Sentry Select Insurance Company



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## GUEST PASSENGER INSURANCE

**Guest Passenger Insurance** protects you from claims made by passengers who are injured as a result of an accident for which you are at fault.

**If you have any questions about Guest Passenger Insurance, the price, or related issues, contact your Producer or Customer Service before making your selection.**

### Guest Passenger Insurance

***Guest Passenger Insurance limits must be equal to your Bodily Injury Insurance Limits.***

☒ I hereby select Guest Passenger Insurance with limits equal to my Bodily Injury Insurance limits of \$25,000/\$50,000.

☐ I hereby reject Guest Passenger Insurance.

**I fully understand Guest Passenger Insurance. I understand that the selection I have made will apply to all vehicles insured under this policy. I also understand that this selection applies to all renewals unless I subsequently request a change in writing.**

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

\_\_\_\_\_  
Named Insured's Signature

\_\_\_\_\_  
Date

**NOTE: If no signature appears above, Guest Passenger Insurance with limits equal to your Bodily Injury Insurance limits will be provided.**

Sentry Select Insurance Company



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## TENNESSEE UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION

Uninsured/Underinsured Motorist (UM/UIM) coverage will pay for bodily injury or property damages sustained in an accident caused by the owner or driver of an uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle for which there is no bodily injury policy or liability bond available at the time of the motor vehicle accident with at least the minimum limits required by the financial responsibility law of Tennessee. An uninsured motor vehicle also includes a motor vehicle which is insured by a bodily injury policy or liability bond at the time of the accident but the sum of the limits of liability available under all valid and collectible insurance policies, bonds and securities is either less than the applicable limits shown on your Declarations Page for this coverage, or has been reduced by payment to persons other than you to an amount which is less than the limit of liability for this coverage.

I have had Uninsured/Underinsured Motorists Bodily Injury (UM/UIM-BI) and Uninsured/Underinsured Motorists Property Damage (UM/UIM-PD) Coverages explained to me and I fully understand them. If I choose to reject any of these coverages, I understand that my policy will not contain these rejected coverages when issued or renewed, but I may request to add them later.

### Uninsured/Underinsured Motorist BI Coverage

☐ I hereby select Uninsured/Underinsured Motorist (UM/UIM) coverage limits equal to my Bodily Injury limit of \$25,000/\$50,000.

☐ I reject higher UM/UIM-BI limits that are equal to my BI Liability limits. My policy will be issued with the lower limits of \$\_\_\_\_\_/\_\_\_\_\_.

☒ I reject UM/UIM-BI coverage entirely.

### Uninsured/Underinsured Motorist PD Coverage

☐ I hereby select Uninsured/Underinsured Motorist (UM/UIM) coverage limits equal to my Property Damage limit of \$25,000.

☐ I reject a higher UM/UIM-PD limit that is equal to my PD Liability limit. My policy will be issued with the lower limits of \$\_\_\_\_\_.

☒ I reject UM/UIM-PD coverage entirely (UM/UIM-PD cannot be purchased without UM/UIM-BI).

NOTE: If this form is not signed and returned, your policy will be issued with UM/UIM limits equal to the Bodily Injury (BI) limits on your policy.

The limit of Bodily Injury Liability on your policy determines the limit of Uninsured/Underinsured Motorist coverages available to you. Carrying the highest limits of Bodily Injury available allows for a wider selection of available Uninsured/Underinsured Motorist coverage limits.

If you wish to increase your Bodily Injury Liability limits to allow for the selection of higher UM/UIM coverage limits or if you wish to change your UM/UIM coverage, please contact your insurance agency.

I fully understand UM/UIM coverage. I understand the selection I have made applies to all vehicles insured under this policy. I also understand this selection applies to any continuation, renewal, change or reinstatement of this policy by the Named Insured. It also applies to any reissuance of the policy by the Company.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

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 Named Insured's Signature

---

 Date

Sentry Select Insurance Company



Insurance.Harley-Davidson.com

**AUTOMATIC PAYMENTS AUTHORIZATION AGREEMENT**

I hereby authorize the Company to initiate recurring variable payments (debits) on or about the due date of the policy or the next business day from the payment account identified below for payments due to the Company. Recurring variable payments will continue until the policy permanently terminates or the automatic payments authorization is cancelled by me or the Company.

If any premium payment is not honored by the financial institution or card issuer, coverage on the policy for which payment is to be applied may be cancelled or voided for nonpayment of premium, unless alternative payment arrangements have been made prior to the premium due date. If the payment is not honored for any reason by the financial institution or card issuer, I am responsible for making the payment and any associated late or returned payment fees charged by the Company.

If the financial institution or card issuer does not honor the payment on the effective date of the payment, the Company may (but is not obligated to) attempt additional withdrawals. I agree the financial institution or card issuer will not be liable for any payment request that is not honored, and I understand and agree I am ultimately responsible for any financial institution or card issuer fees from the initial or subsequent payment attempts.

This authorization applies to the below listed policy and any extension, renewal, change or reinstatement of the policy. This authorization will remain in effect until I request termination by calling Customer Service at 1-800-242-2464 or by logging into my policy online at least one (1) business day before the due date.

Named Insured(s): JOHNSON, SHAWNETTE R

Policy Number: 11405492097

☐ **Checking/Savings Account Information:**

Routing # (9 numbers):

Account # (no more than 17 numbers):

Account Type:

☐ Checking☐ Savings☒ **Debit/Credit Card Account Information:**

(Visa, MasterCard, Discover, American Express accepted; non-reloadable prepaid cards are not allowed)

Card # (no more than 16 numbers):

Exp. Date:

CVV/Secure Code (no more than 4 numbers):

Visa0868

04/24

\*\*\*\*

**Account Holder Information:**

Shawnette Johnson

Name

1456 McCan Dr

Address

Clarksville TN 37043

City

State

Zip

By providing us with an email address, we will send payment notifications to the accountholders email address.

Email

By signing below, I acknowledge that I am authorized to use this account, and I agree to the above terms.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

Signature

Date

**ENROLL ONLINE AT:** Insurance.Harley-Davidson.com**FAX TO:** 1-877-314-9359**MAIL TO:** Customer Service

PO Box 8034

Stevens Point, WI 54481-8034



**PREMIUM MUST BE PAID FOR COVERAGE TO BE IN FORCE**

Insurance.Harley-Davidson.com

**TENNESSEE MOTORCYCLE  
INSURANCE IDENTIFICATION CARD**
Sentry Select Insurance Company **NAIC** 21180**Policy** 11405492097**Effective Date** 07/06/2019**Expiration Date** 07/06/2020**Year** 2002 **Make** HARLEY-DAVIDSON**Model** FXSTI SOFTAIL**VIN** 1HD1BVB182Y029623**Named Insured(s)**

JOHNSON, SHAWNETTE R

1456 McCan Dr

Clarksville TN 37043

**Agency****Agency Phone** 1-800-242-2464

Harley-Davidson Insurance Services

P O Box 8034

Stevens Point WI 54481

For Roadside Assistance, call 1-855-817-6506.

If you are in an accident, call us as soon as possible at  
1-800-242-2464. We are available 24 hours a day to take your  
call. See reverse side for additional information.

Fold Here

GN3000-0915

**IN CASE OF AN ACCIDENT****Obtain the following information...**

1. Name and address of each driver, passenger and witness.
2. Name of insurance company and policy number for each vehicle involved.

COVERAGE COMPLIES WITH MINIMUM AMOUNT OF  
LIABILITY INSURANCE REQUIRED. THIS CARD SERVES  
AS SATISFACTORY EVIDENCE IF ASKED TO VERIFY  
FINANCIAL RESPONSIBILITY.

YOU ARE REQUIRED TO KEEP THIS CARD IN YOUR  
POSSESSION AND PRODUCE IT UPON DEMAND.

THIS CARD IS NOT PART OF YOUR POLICY AND IS  
EFFECTIVE ONLY WHILE YOUR INSURANCE REMAINS IN  
FORCE. THIS CARD NEITHER AFFIRMATIVELY NOR  
NEGATIVELY AMENDS, EXTENDS OR ALTERS THE  
COVERAGE AFFORDED BY YOUR POLICY.

**TENNESSEE MOTORCYCLE  
INSURANCE IDENTIFICATION CARD**
Sentry Select Insurance Company **NAIC** 21180**Policy** 11405492097**Effective Date** 07/06/2019**Expiration Date** 07/06/2020**Year** 2002 **Make** HARLEY-DAVIDSON**Model** FXSTI SOFTAIL**VIN** 1HD1BVB182Y029623**Named Insured(s)**

JOHNSON, SHAWNETTE R

1456 McCan Dr

Clarksville TN 37043

**Agency****Agency Phone** 1-800-242-2464

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GN3000-0915

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NEGATIVELY AMENDS, EXTENDS OR ALTERS THE  
COVERAGE AFFORDED BY YOUR POLICY.

## Certificate Of Completion

Envelope Id: B903A234818C403AA73016FF23AE30AD	Status: Sent
Subject: Action Required - Harley-Davidson® Insurance Services Policy 11405492097 for Shawnette Johnson.	
Source Envelope:	
Document Pages: 7	Signatures: 0
Certificate Pages: 3	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Harley-Davidson® Insurance
Time Zone: (UTC-06:00) Central Time (US & Canada)	1800 N Point Dr
	Stevens Point, WI 54481
	help@insurance.harley-davidson.com
	IP Address: 157.248.100.52

## Record Tracking

Status: Original	Holder: Harley-Davidson® Insurance	Location: DocuSign
7/6/2019 3:02:07 PM	help@insurance.harley-davidson.com	

## Signer Events

Signature	Timestamp
Shawnette Johnson	Sent: 7/6/2019 3:02:08 PM
shawnette.johnson31@gmail.com	Viewed: 7/6/2019 3:02:26 PM
Security Level:	
CPCustomerPortal.SSLMutualAuth	
ID: 55f311c3-7a2b-4f59-b68b-ad1e8bb8a4d7	
7/6/2019 8:02:09 AM	

**Electronic Record and Signature Disclosure:**  
Accepted: 7/6/2019 3:02:26 PM  
ID: 31348525-b583-4c4f-a2ec-3740a0a71aa1  
Company Name: Sentry Select Insurance Company

## In Person Signer Events

Signature	Timestamp

## Editor Delivery Events

Status	Timestamp

## Agent Delivery Events

Status	Timestamp

## Intermediary Delivery Events

Status	Timestamp

## Certified Delivery Events

Status	Timestamp

## Carbon Copy Events

Status	Timestamp

Shawnette Johnson  
shawnette.johnson31@gmail.com  
Security Level: Email, Account Authentication  
(None)

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

## Witness Events

Signature	Timestamp

## Notary Events

Signature	Timestamp

## Envelope Summary Events

Status	Timestamps
Envelope Sent	7/6/2019 3:02:09 PM

## Payment Events

Status	Timestamps

## Electronic Record and Signature Disclosure



## CONSENT

You are voluntarily consenting to complete an electronic signature for documents provided by Sentry Select Insurance Company, its parent, subsidiary or affiliate (herein referred to as Sentry Select Insurance Company, we, us or Company). As used in this Consent, electronic documents include, but is not limited to, contracts, policies, applications, forms, notices, and disclosures. Upon submission of your electronically signed document, the law may require, or we may choose, to deliver some documents via the U.S. Postal Service, your agent, or a commercially reasonable method of delivery. Described below are the terms and conditions for providing to you such documents electronically during this signing session through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### Getting paper copies

At any time, you may request from us a free paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and you may access them for at least 30 days after such documents are first sent to you by clicking the 'View Document' link in your original email. After such time, if you wish for us to send paper copies of any such documents from our office, you may request delivery from us by following the procedure described below.

### How to contact us

You may contact us to request paper copies of certain information. To request delivery from us of paper copies of the documents previously provided by us to you electronically, you must call us at 1-800-373-6879. We will need your e-mail address, full name, US Postal address, and telephone number.

### Withdrawing your consent

You may withdraw your consent at any time during the signing process by declining to sign a document. If you withdraw consent for online signing, you may receive paper documents and the transaction may take a longer time to process.

### Required hardware and software

Your computer must meet the following minimum requirements to electronically sign documents and to receive documents electronically from us:

Operating Systems:	Windows® XP, Windows Vista™; Windows® 7; Mac OS X®; Apple iOS® 6.0 or above; Android™ 4.0 or above
Browsers:	Final release versions of Internet Explorer® 7.0 or above (Windows only); Mozilla® Firefox - Current Version (Windows and Mac); Safari™ 6.2 or above (Mac OS only); Google Chrome® - Current Version
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	1024 x 768 minimum

Enabled Security Settings:	Allow per session cookies
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\*\* These minimum requirements are subject to change. If these requirements change, we will notify you of the change or changes, and you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

### **Acknowledging your access and consent to receive materials electronically**

To confirm that you can access this information electronically, please verify that you are able to:

1. read this Consent; and 2. print on paper or electronically save this page for your future reference and access; or 3. e-mail the Consent to an email address where you will be able to print it on paper or save it for your future reference and access.

By checking the 'I agree' box,

- I ACKNOWLEDGE AND AGREE THAT BY ELECTRONICALLY SIGNING THIS CONSENT OR OTHER DOCUMENTS PRESENTED TO ME DURING DOCUSIGN'S SIGNING PROCEDURE, MY ELECTRONIC SIGNATURE HAS THE SAME LEGAL EFFECT AS A HANDWRITTEN SIGNATURE. MY ELECTRONIC SIGNATURE IS VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY THE TERMS OF EACH ELECTRONICALLY SIGNED DOCUMENT.