

Motorcycle Quick Quote Information Request

Rider Information:

First Name: _____ MI: _____ Last Name: _____

D.O.B. ___/___/___ Social Security Number: _____ - _____ - _____ Phone: _____

Marital Status: Married Single Gender: Male Female DL# _____

Address: _____

Within the last five years, how many years has the rider been operating motorcycles, ATVs dirt bikes or snowmobiles? _____

Driving Record: (MC or Auto activity prior 35 months) If yes, how many? _____

Minors/Majors/Speeds: _____

Homeowner? Yes No

Accidents (AF/NAF): _____ MC Safety Foundation Course? Yes No

Member of MC Association? Yes No

Vehicle Information:

Garaging Address (if different from above): _____

Year Vehicle Purchased: _____

VIN# _____

Year: _____ Make: _____ Model: _____ CC (engine size): _____

Value? _____ (required if Phys Damage is requested on Limited Production Cruisers or cycles older than 25 yrs)

Is this vehicle garaged? Yes No

Policy Information:

Current motorcycle insurance? Yes No

Current Carrier: _____ # of Months: _____ Expiration date of current policy: ___/___/___

Coverage Information:

Limits:

BI/PD: _____ COMP: _____ Deductible

MED: _____ COLL: _____ Deductible

UM/UIM: _____ RD ASST: Yes No

UMPD: Yes No

UMPD Limit: _____ (if applicable)

CPE Coverage: _____ (no charge for 1st \$3,000)

Other: _____